Lectures
ON
THE SURGICAL TREATMENT OF ANEURISM
IN ITS VARIOUS FORMS.

Delivered at the Royal College of Surgeons, June 1872.

BY TIMOTHY HOLMES, M.A., F.R.C.S. ENG.,
PROFESSOR OF SURGERY AND PATHOLOGY TO THE COLLEGE.

LECTURE V.—PART II.

ANEURISMS of the inferior mesenteric artery are rarer than those of the superior—at least to judge by the fact that I have met with only a single specimen in the same museums and books which comprise nearly a dozen of superior mesenteric aneurisms. The diagnosis during life would be hardly possible; but the lower origin of the aneurism would make its treatment by pressure more easy.

Nor need I detain my audience by an account of aneurisms of the smaller branches of the aorta* which have been found occasionally. Though of small size, such aneurisms are prone to rupture from the thinness of the sac and other causes. If they can be detected therefore, and if compression will stop their pulsation, no hesitation should be felt in attempting their cure by this method, either gradually or rapidly applied, as may seem best under the circumstances.

However movable and however apparently limited may be such an aneurism as the one of which the symptoms are related above, its accurate limitation to the superior mesenteric artery must still remain matter of doubt. In fact, the mesenteric may possibly be unaffected, nor may any other of the branches of the aorta be involved; for aneurisms of the trunk itself are sometimes strangely movable, as the case already related shows, where a surgeon suffering from aneurism of the aorta could so far pull the tumour forward as to stop its pulsation altogether. And an aneurism may really affect the mesenteric, and be very movable, but may be as much aortic as mesenteric. This was exemplified by Mr. Durham's recent case. The mobility of the aneurism in the belly caused it to be diagnosed as one affecting the superior mesenteric artery, nor was the diagnosis erroneous. But so much of the aortic wall was involved in the disease (as the preparation shows) that it might almost as accurately have been described as an aneurism of the abdominal aorta involving the root of the superior mesenteric.†

When the efficacy of pressure in the treatment of popliteal aneurism had once been established the idea of extending it to other aneurisms followed as a matter of course; and since surgeons had made themselves familiar with the comparative facility of stopping the circulation in the abdominal aorta, it was easy to see that this might be made useful in the treatment of abdominal aneurism. In an essay published in 1862 I suggested the use of manual pressure on the aorta, with a pad, for the treatment of abdominal aneurism.‡ This essay was written before Mr. Lister's or Pancoast's tourniquet came into use, which, or some modification of which, is of course a far more steady and efficient method of applying pressure at so great a depth: it was written also before the feasibility had been demonstrated of keeping a patient for so long a period under anæsthesia as we now know to be possible. But I still think that gradual compression without chloroform may be in many cases preferable to the more rapid method, which is only feasible in ordinary circumstances under chloroform.

The brilliant success which has in some cases attended the treatment of aneurism by the rapid method of pressure has somewhat distracted the attention of surgeons from the more gradual method, without chloroform, which can be applied in many persons, either manually or instrumentally, with sufficient effect to check the circulation materially in all the parts below, and with no such danger as attends on its complete arrest for several hours under chloroform. Though the experience recently obtained in the rapid method of pressure proves conclusively that aneurism may be cured by the total arrest of the circulation and the consequent rapid coagulation of the blood in the sac, the experience of the slower method, introduced by the Irish surgeons, proves no less incontestably that such rapid coagulation is by no means necessary, but that, a considerable diminution being effected, the aneurism will usually become consolidated. I have yet to learn why this plan should not be as successful in abdominal aneurism as the other.

The credit of being the first to cure an abdominal aneurism by pressure belongs to Dr. Murray, of Newcastle-on-Tyne; and Dr. Murray's case still remains the only one in which it has been proved, by post-mortem examination, that an aneurism situated so high as the abdominal aorta itself can be thus treated with success. This case* is so well known that a very slight outline of it will suffice:—

The patient was a spare young man, aged twenty-six. The tumour was situated so high that the aorta was believed to be felt below it, pulsating naturally. It extended up to within three inches of the margins of the left ribs. Still there was room between the umbilicus and the ribs for the pad of the tourniquet, which was applied on the first occasion (April 16th, 1864) for two hours, and on the second occasion (April 19th) for five hours. On neither occasion was the circulation completely and permanently suspended, except for the last hour of the last and successful attempt. At the end of this second sitting "very slight pulsations were felt, and hopes were entertained that some advantage had been gained." But, to the operator's surprise, the pulsation in the tumour altogether disappeared that evening, and the cure was complete and permanent. The man remained well, gaining his livelihood by "a variety of labouring occupations," till the year 1870, when, having resumed his original occupation of a pavior, he again presented symptoms of aneurism of a higher part of the abdominal aorta, and died on July 1st, 1870, from rupture of this aneurism, which affected the vessel near the cœliac axis.

The preparation which was removed from the body showed the first aneurism perfectly consolidated, and seated on the abdominal aorta, extending from close above its bifurcation to about an inch above the origin of the inferior mesenteric artery. The aorta was occluded above the aneurism, and its walls atrophied. The aneurism itself was also converted into a fibrous mass. The condition of the collateral circulation is shown in this diagram, which I have had made from Dr. Murray's description. It shows (in outline) the position of the later aneurism which proved fatal; below this the healthy aorta, crossed by the pancreas, which overlies the origin of the superior mesenteric. This artery is dilated to nearly the size of the aorta itself, and its great colic branches are seen going to replace the supply from the inferior mesenteric, which has been cut off by the consolidation of the aneurism from which it springs. The root of the inferior mesenteric has been kept pervious by this free anastomosis; but it is so much dwindled that its trunk is hardly half the size of its branches. The superficial anastomosing vessels (distinguished by being marked in red) are seen crossing from the epigastric and circumflexa ilii to the lower intercostals and lumbar arteries on the side of the belly, and running upwards to the internal mammary. One unusual branch from the deep epigastric is seen to perforate the umbilicus, and this was traced up the suspensory ligament to the longitudinal fissure of the liver, where it established a communication with the hepatic artery. The preparation has been unfortunately spoiled; but Dr. Murray has allowed me to produce the remains of it. Though spoiled for anatomical purposes, it still remains to show the reality of the cure and the obliteration of the aortic aneurism; and the obliteration of the main trunk is further evidenced by the extensive anastomotic circulation.

Another case in which a cure was effected by pressure on the aorta, and in which the aneurism was believed by the surgeon to be also one of the abdominal aorta, was recently communicated by Mr. Durham to the Royal Medical and Chirurgical Society. In that case the aneurism extended

* Dr. Bristowe, in Path. Soc. Trans., vol. xiv., relates a case of aneurism of the colica media artery. The College Museum contains a specimen of aneurism of the splenic artery.

† F. N——, the patient whose case is related in the former part of this lecture, has since died. The aneurism was found, as diagnosed, to affect the whole length of the superior mesenteric artery, and to open into the aorta.

‡ System of Surgery, 1st edition, vol. iii., p. 516.

* Med.-Chir. Trans., xlvii., 187; and Murray "On the Rapid Cure of Aneurism by Pressure" (1871).

even higher than in Dr. Murray's patient, so that a space of less than an inch intervened between its upper border and the cartilages of the ribs, and it was necessary to bend the patient's body in order to get the pad of the tourniquet between the tumour and the ribs. The patient was kept under chloroform, and the pressure completely maintained for ten hours and a half. This checked the pulsation very greatly, but did not entirely stop it; and it was not till a month after the application of pressure that it ceased altogether to be perceptible. When exhibited to the Society about half a year after the operation, some slight impulse could be detected in the tumour. This seemed to proceed, not from pulsation in the mass itself, which was quite solid, but from an impulse communicated to it from the pervious part of the aorta. The only doubt in this case was, whether the tumour was situated on the aorta itself or on one of its branches, such as the superior mesenteric. But the fact that the cure of the aneurism had been preceded, and was still accompanied, by the disappearance of the pulse in the femorals rendered the latter supposition highly improbable.

Turning now to those abdominal aneurisms which are situated below the bifurcation of the aorta, we have the choice of several methods of treatment. A few years ago they were always treated (if treated surgically at all) by the Hunterian operation on the aorta, the common or external iliac, according to the height to which the aneurismal sac extended. The present practice is to attempt the cure of all such aneurisms by the total and rapid compression of the great trunk (aorta or common iliac) above. Mr. Syme recently, in a case of abdominal aneurism, founding his proposal on the undoubted fact that very frequently the orifice of the aneurism is accessible far below the upper limit of the sac, proposed to revive the old operation in these cases. And this will, I think, be a convenient part of the course to discuss the propriety of reintroducing this method of treating aneurism into general practice.

The old operation, or that of laying open the sac of the aneurism and tying the artery on either side of its aperture into the sac, has been considerably more common of late years than it was during the earlier part of this century. Indeed, the first success of the Hunterian operation was so striking, its advantages in popliteal aneurism were so indisputable (and the popliteal were almost the only spontaneous aneurisms which used to be the subjects of operation), and, by means of the happy audacity of Abernethy, Astley Cooper, Aston Key, Mott, and many others who were educated in the school of Hunter, the province of operative surgery had been extended to so many arteries which had previously been regarded as inaccessible, that it was no wonder if, at first, Hunter's operation was regarded as almost perfect, and no other means of cure were sought for. Thus Hodgson says that "the improvements which have now been effected in the mode of applying the ligature to arteries have brought the surgical treatment of aneurism to a degree of perfection which leaves little room for advancement."* Lawrence speaks of the Hunterian operation for aneurism as "extremely simple, of little pain and still less danger."†

To us who have seen popliteal aneurisms cured by such simple methods as flexion of the limb, or by a few hours of pressure, such an appreciation of Hunter's operation may seem extravagant; but if we remember the almost universal fatality of the old operation for popliteal aneurism, or of amputation, (as testified by E. Home, Pott, and others), we shall not be surprised that at first the Hunterian operation appeared to be the only way of treating the disease, and incomparably superior to the old operation in every case of it.

But this was soon changed, as far as certain forms of disease were concerned. John Bell, and after him Guthrie, had shown conclusively that the ligature of both ends of the vessel was a far more trustworthy proceeding than ligature of a higher part of it in the case of a recent wound; and Guthrie, by a pardonable exaggeration very similar to the frame of mind which led his predecessors to over-estimate the Hunterian operation, himself strove to introduce the ligature of both ends of the vessel, even in situations where (as in the case of a wound of the internal carotid from the mouth) they are hardly accessible without the most grievous risk—even if they are accessible at all,—and where the Hunterian ligature has often proved successful.

Reasoning both from theory and from his ample experience, Guthrie, in his lectures delivered before this College, not only showed with admirable force the method which should ordinarily guide the surgeon in recent injuries of vessels, but showed also that the same practice of incising the sac and applying ligatures on the two ends of the artery was the one which ought to be pursued in the varicose aneurisms which result from careless bleeding at the bend of the elbow, and might often be pursued with advantage in traumatic aneurism.

It is, however, to Mr. Syme that the profession in England is chiefly indebted for the renewed prevalence of the old operation. In his well-known papers on Axillary Aneurism, published in the forty-third volume of the Medico-Chirurgical Transactions, Mr. Syme opens the whole question in the following somewhat startling language:—"Some traumatic aneurisms, more especially those of the smaller arteries, were deemed proper exceptions from the new system; but, as the great leading principle of practice, it was universally admitted that the disease should be combated by ligature of the artery beyond the confines of the tumour. Such is the principle which, in common with other teachers of surgery, I have inculcated for more than thirty years, and of which I now feel it my duty to question the soundness."

Mr. Syme's opinions on this subject, at least as far as axillary aneurism is concerned, can hardly be said to be entirely novel, since the same idea of the greater applicability of the old than the new operation in this form of aneurism had been held by Velpeau. Velpeau speaks as follows:—"The method of Anel (in which term he includes Hunter's operation) has many incontestable advantages over the old operation. Yet this latter ought not to be entirely rejected. It ought to be preferred, for example, in diffused superficial aneurisms; in those which affect the brachial artery very near the axilla; in those of the axillary itself, when the shoulder is infiltrated, or so far deformed as to render it dangerous to attempt to operate in front of or above the clavicle; and in aneurisms in general, when very voluminous, or when gangrene of the sac is threatened, or when it is in the neighbourhood of an important and large collateral branch. Finally, in varicose aneurisms it is necessary to tie the artery above and below the opening."*

Roux speaks as follows:—"Almost at the same time as the first operations for ligature of the external iliac were performed in England, Scarpa published the suggestion that in a case of inguinal aneurism the operation by laying open the sac might be brought to a successful termination if the surgeon could be extremely quick in finding the vessel and applying his ligatures. He relied on extreme address and presence of mind in the surgeon at a time when even the compression of the aorta through the abdominal parietes had not been thought of as a means of suspending for some moments the access of blood to the lower limbs."† "The bold operation which Desault undertook is also well known in a case of large aneurism of the axillary artery, in which, not being able to render himself master of the hæmorrhage, he had the misfortune to see his patient expire under his eyes immediately after the opening of the sac."‡

The passage of Scarpa referred to by Roux is to be found at p. 341 of Wishart's translation. It refers not to abdominal, nor, in strictness of speech, to inguinal, but to femoral aneurism, since Scarpa makes it a condition of its performance that there should be "a sufficient tract of sound artery below the crural arch to which the ligature can be applied"; but in other respects the operation described by Scarpa exactly represents that performed by Mr. Syme. Scarpa imagines a case in which the tumour extends so high that the operator "cannot reckon on the co-operation of an assistant for suppressing the current of blood through the ruptured femoral artery," and the only respect in which his operation differs from that of Mr. Syme is that he had not thought of the possibility of plugging the wound with the hand while feeling for the orifice between the sac and the artery, and so avoiding the jet of blood which will occur on laying the sac open, and which he describes as "violent and dreadful." He seems also to regard the relation between the artery and the sac in much the same way as Mr. Syme does.

* Diseases of Arteries &c., p. 190.
† Med.-Chir. Trans., vi., 161.

* Mid. Op., 2nd ed., 1839, vol. ii., p. 89.
† Lett. 2 on Aneurism Quarante Années, vol. ii., p. 47. ‡ Op. cit., p. 48.

Nor was Mr. Syme's practice absolutely novel, since Sir J. Paget* had performed a similar operation about two years previously, and another by Mr. Skey is related in the same paper. Still there can be no doubt that Mr. Syme's views were perfectly original, and that it is to his energetic advocacy and masterly operations that whatever prevalence this treatment has obtained is owing. Mr. Syme's second paper on the subject was published in the 45th volume of the same Transactions, and applied to the case of an abdominal aneurism. It rested on the reasoning of the former paper; but it is in connexion with this case that the question comes more distinctly under discussion, since Mr. Syme's first case, like Sir J. Paget's and Mr. Skey's, was not, strictly speaking, an aneurism, but a case of ruptured artery; and the theoretical reasoning which Mr. Syme uses with regard to the relations between the artery and the sac hardly applies to cases in which, as far as can be judged, there was no sac at all.

That reasoning will best be given in Mr. Syme's own words:—"In every aneurism, whether large or small, traumatic or spontaneous, the aperture of the artery is situated towards the centre of the tumour, so that a portion of the vessel, longer or shorter according to the size of the sac, is contained within its cavity, or rather embraced by its wall. Thus, in a very large aneurism ascending from below the groin nearly to the umbilicus, for which I tied the common iliac, the arterial opening was found to be only a little higher than Poupart's ligament; and it might always be expected to possess this relation to the cavity when the process of formation is kept in mind. It has become a long-established and generally-received principle in surgical pathology, that the extent of artery thus enclosed in the aneurism, or rather comprehended by its sac, is unsound and unsuitable for ligature, while the vessel beyond the confines of the tumour is free from any participation in the disease. But when this opinion is fairly examined it will be found void of any good foundation, since the artery, though in some measure isolated from its neighbouring connexions by the effused blood, still retains the same relation as before to its sheath, and consequently, receiving a full supply of nourishment, is nowise unfitted for the process of obliteration by ligature. Indeed, when we trace the progress of an aneurism from its small beginning to a large size, it appears inconsistent with reason to consider the vessel sound so long as it can be felt beyond the tumour, and diseased so soon as it becomes overlapped or enclosed by the expanding sac. Whether the case be traumatic or spontaneous, there thus does not seem to be any reason for looking upon the portion of artery in question as unfit for being the subject of operative procedure. Under the influence of this consideration I have treated all the aneurisms at the bend of the arm, resulting from wounds of the humeral artery through venesection, which have come under my care, amounting to ten in number, by opening the sac, and applying ligatures on both sides of the aperture. Proceeding upon the same principle, in a case of carotid aneurism caused by the thrust of a knife at the lower third of the throat, and which extended from below the clavicle upwards, I did not scruple to lay open the cavity, and while hæmorrhage was restrained by pressure of my finger, to tie the vessel above as well as below the aperture, with the happy result of saving the patient's life."†

Again: "The doctrine usually taught is, that the whole extent of an artery included by the aneurismal sac should be deemed of suspicious soundness if, indeed, not entirely absent, unless the case is traumatic, or proceeding from a wound of the vessel, which, of course, does not imply any morbid condition of the coats; while the spontaneous form, occurring without any assignable cause, or resulting from such injuries as blows and sudden extension, has been held to do so. But even although it were granted that an origin of the latter kind affords ground for suspecting unsoundness at the ruptured part, it by no means implies a similar condition throughout the whole extent of the tumour. For the sac enlarges quite independently of any change in the vessel, and, so far from weakening or destroying its coats, rather tends to consolidate and support them by increasing the density of the surrounding parts. If, therefore, an artery is considered sound beyond the limits of an aneurism of the size of an egg, it should still be so regarded after the tumour enlarges to the bulk of an orange, or any greater magnitude, the extent of arterial disease being in no wise proportioned to that of the aneurismal sac. Proceeding upon this principle, and trusting to find a sound portion of artery within the sac, I have repeatedly operated with success by laying open the cavity, and securing the orifice by ligatures. Of the cases thus treated, certainly the most remarkable is that which I am about to relate; and it so strongly supports the position in question, that any further evidence in its favour would seem hardly to be required."*

Sir A. Cooper, in his attempt to perform the old operation in the case where he afterwards tied the aorta, was guided by a similar view of the usual (he does not say the universal) state of things in aneurism. "I determined to ascertain whether it were practicable to pass a ligature around the artery from within the aneurismal sac; for I was of opinion that if the artery had given way near the centre of the sac, as it usually does in aneurism, I might compress it with my finger, and pass a thread around it."†

On the other hand, the very basis on which the theory rests is thus directly assailed by Mr. Henry Lee in the same volume in which Mr. Syme's case of successful operation on an abdominal aneurism by the old operation was related. "An examination of the preparations of aneurisms of the larger arteries, as they exist in the museums of London, will show that the very great majority of these are of the fusiform character, formed by the dilatation of all the coats of the vessel. The cases in which the artery, of its natural size, is to be found running by the side of a portion of the sac, in such a position as to admit of a ligature being applied to it, are very exceptional. It would therefore appear that the operation which has lately been described can be applicable to a very limited number of cases; and that, if repeated, the surgeon would, in a very great majority of instances, find only 'a chaos of broken coagula,' as happened in Sir A. Cooper's operation."‡

The controversy, I think, resolves itself into the following questions:—1. Is it true, as Mr. Syme says, that in every aneurism there is only a limited portion of the vessel contained within the cavity of the sac or embraced by its wall? 2. Is that limited portion capable of supporting the ligature and taking on reparative action? 3. Can the operation be performed with confidence on the part of the surgeon that he will complete it? 4. And, finally, admitting all this is so, is it a preferable method to the other ways of treating a given case?

I must defer the discussion of these questions to my next lecture.

[The proof of the former part of this lecture did not come into Mr. Holmes's hands, in consequence of his absence from London. From this cause some misprints have been permitted to stand, of which the two following seem worth correction—viz.: on p. 159, towards the end of the first column, Mr. Little's name is misspelt Littre; and on p. 161, tenth line from the bottom of the first column, "Let us *consider* this also" is printed, instead of "concede." The notes of the case of William W., commencing at the bottom of the same page, have also been given from the case-book without the corrections which would have made them strictly grammatical.]

* St. Bartholomew's Hospital Reports, ii., 169.
† Med.-Chir. Trans., vol. xliii., p. 135.

* Ibid., vol. xlv., p. 382. † Cooper and Travers's Essays, i., 118.
‡ Med. Chir. Trans., xlv., 448.

RESUSCITATION FROM DROWNING.—A paragraph appeared in *The Times* (February 4th), stating that a workman overtaken by drink had fallen into the canal of Charleroi, which runs through the lower part of Brussels. His body was not recovered for some time, and he was to all appearances dead. Dr. Joux, however, of the third division of Police of Brussels, was called to the spot, and for three hours applied the usual means of restoration. Finding, however, that these were useless, he proceeded to apply plates of iron heated to a white heat to the upper parts of the body, near the more vital organs. After some time, faint signs of breathing were observed, and in the course of half an hour the drowned man awoke to life, and is at the present time perfectly restored to health. The only inconvenience he has sustained results from the severe cauterisation which his skin necessarily underwent.

Address

DELIVERED BEFORE THE

OBSTETRICAL SOCIETY OF LONDON

On February 5th, 1873,

BY EDWARD J. TILT, M.D.,

PRESIDENT OF THE SOCIETY.

To be called upon to preside over a large body of gentlemen with whom I have been associated for many years, would in itself have been about the highest honour to which I could have aspired, but the honour is enhanced by the exceptionally high position you have given to this Society. With every feeling of respect for the Obstetrical Societies of Edinburgh and of Dublin, which have done, and still are doing, so much for science, I have no hesitation in saying that, on account of the number of its Fellows, the value of their work, and owing to a metropolitan position which every year brings it in more and more intimate connexion with the best obstetrical men of the British colonies, the Obstetrical Society of London has already become the highest representative of obstetrical medicine in the British empire, and that we now stand on a somewhat similar relation to obstetrics and to gynæcology as the Royal Society has done to science since the days of Charles II. We have also vied with the Obstetrical Societies of Edinburgh and of Dublin in fostering what is fast becoming a school of British gynæcology second to none, if not already first. If this high estimate of the honour you have conferred upon me impresses me with a deep sense of responsibility, you will bear in mind, gentlemen, that you share with me this responsibility, and that you are placed under the obligation to do your utmost to strengthen the honourable position we have conquered for our important branch of medicine. It would surprise a foreigner to hear me address you in this way, but you know that in our country obstetrical medicine is still in a militant position. While in other civilised countries *all* medical students have to study midwifery and gynæcology as well as medicine and surgery, and have *all* to enter the profession by one portal, and then to choose of the three paths of practice that one which is most in harmony with individual taste, with us, students can take degrees without having been questioned as to whether they understand how to conduct a natural labour, and how to treat ordinary diseases of women. We must not forget that even now the Royal College of Surgeons and the Royal College of Physicians seem to say to those coming up for examination—"We are aware, gentlemen, that two-thirds of your practice will consist of women and children, but we do not consider it incumbent on us to ascertain whether you will know how to treat them; still, if you insist on our doing so, we will get good men to examine you and certify accordingly." Let us bear all this fully in mind and see what we can all do to add to the utility of our Society, and thereby to improve the branch of medicine that we meet to cultivate.

In his annual address, our late President told us that after deducting from the number of our Fellows the losses due to death and to secession, we were still stronger by thirty this year than last. I do not suppose that any other medical society could say as much, but considering the large number of men engaged in the practice of midwifery and gynæcology we ought not to be satisfied till we muster a much larger number of Fellows. You will understand that your Council cannot beat up recruits, and that it is for you, gentlemen, by your individual exertions, to bring into our fold all the good midwifery men who lie within your circle of influence.

With regard to our scientific work, it is satisfactory to be able to point to our fourteen volumes of Transactions; and without fear of its being said that there is any falling off in the quality of the last volumes as compared with the first; nevertheless we should be on the look out for whatever suggestion may tend to keep our future volumes to a high standard, so I trust you will excuse me if I take this opportunity to offer you a few hints.

In the first place I must express regret that more cases are not brought before us at our ordinary meetings, to figure afterwards in our Transactions. Every now and then there crops up in everybody's practice "representative" cases—cases that well illustrate a mode of treatment, or confirm some theory, or show the fallacy of another. These are the cases we want, and there can be no excuse for not recording them; for although many of you are too busy to write papers, all can carefully note down the particulars of a case, and we ought all of us to bring ourselves to feel it as a crime to let a little trouble interfere with the careful recording of an important case. If we did nothing in the course of each year but to well sift a considerable number of such cases, and to issue them, stamped, as it were, with the seal of authenticity, we should be labouring most efficiently towards the intelligent reconstruction of medicine; for its imperfection undeniably depends on the deplorable inaccuracy with which cases are collected, if one can call cases the shreds and tatters of half-ascertained facts that we so often meet with in medical works.

With regard to the substance of our future work, I think we might diversify the contents of the next volumes of Transactions by occasional contributions on diseases of infancy, on diseases of lactation, and on ovarian pathology. We have had so few contributions on diseases of children, that it seems to have escaped the memory of most of us that this Society was founded as much to promote the knowledge of diseases of children as of diseases of women; at all events, the rapid vicissitudes of infantile complaints, their sudden termination in health or in death, as well as the heavy responsibility they entail, render it desirable that papers and cases on infantile diseases should be occasionally brought before us. I am not aware that our Transactions contain any notice of diseases of women brought on by lactation; and I use the word advisedly, for some women feel the disastrous effects of lactation so soon as they begin to nurse, although most women only experience them when they nurse too long. I beg to suggest to some of the younger Fellows that there are problems still to be worked out respecting diseases of lactation. For my part, I know of no condition that so speedily drains the ganglionic nervous system of all energy as nursing—in some women even when they can take abundance of food, and are surrounded by every comfort. The history of the overpowering debility that soon brings on extreme nervousness and a state of despondency leading up to insanity, is still to be written, and it should be written by one of us, for we are in the best position to give to alienists the explanation of the not unfrequent cases of insanity that they justly refer to over-lactation.

Our Transactions contain valuable contributions to the pathology of ovarian tumours and on hæmatocele, but these morbid states, as well as pelvic peritonitis and salpingitis, are *secondary* diseases, which often have an antecedent and an underlying ovarian pathology, of which there is little notice in our fourteen volumes. Those who cannot agree with me in this will admit that most diseases of women depend more or less on pelvic surgery and pelvic diseases, so it is incumbent on us to attempt now and then to explain to ourselves the genesis of these diseases and their relationship one to another. It so happens that I am in a position to make this attempt, if you could allow me for once to treat at some length of my own work, for it is now twenty-five years since I first began to discuss questions relating to ovarian pathology at the old Westminster Society, as some of the senior Fellows of this Society will remember. Soon afterwards I published a book to show that the ovary could be a *pathological* as well as a physiological centre of action, and that many pelvic diseases radiated from the diseased ovary as from a common centre. I could show you that what I then taught has stood the test of time, and is now very generally admitted.

I dare say, gentlemen, you will agree to the foregoing suggestions, but I am fully prepared for divergence of opinion on my concluding suggestion, which is, that we should now obtain a charter, and become the Royal Obstetrical Society of London. The project has been already mooted, and I think it is now ripe for execution. You will please to understand that I only give you my individual opinion. The Council may not adopt it, so it may not have to be submitted to your approval; and if I broach it now, it is in order that the Council may gather your opinion on

the matter, and decide in accordance with your wishes. It may be said, in opposition to this plan, that our sister societies of Edinburgh and of Dublin have done very well without a Royal charter, and that it is not worth while spending £200 on a mere name. I think, on the contrary, that there is a great deal in a name, that many more medical men would join us if we were a Royal society, that it would strengthen the position of obstetric medicine, and give weight to our requests, if we should have again to go to Government on matters connected with our branch of medicine. When, some years ago, I went up with a deputation from this Society to Mr. Bruce about the better education of midwives, I was very much amused at the time it took to make him understand who we were and what we wanted. It never seemed to have occurred to him that, as women were the larger half of the human race, and had to bring children into the world, they might possibly require the main attention of a large body of the profession; and I think that even the official ear would listen more attentively to us if our utterances were those of a chartered body. And with regard to our doing what the Edinburgh and Dublin Obstetrical Societies have not done, I shall only say that our metropolitan position justifies a claim to somewhat higher rank. I therefore think that to obtain it would be to the benefit of the Society and of obstetric medicine. It would, at all events, familiarise the profession with the fact that, although as a science medicine is absolutely one and indivisible, in populous countries it must ever be divided for practical purposes into medicine, surgery, and obstetrics, the only three divisions of the healing art that are coequal in importance and in dignity.

These are my suggestions, gentlemen, and, even if you cannot fully adopt them, I feel confident that I can depend on your cordial support to carry out my duty; and, with the aid of the intelligent officials with whom you have associated me, I trust I shall be able to hand over the office to my successor with its lustre unimpaired.

HÆMORRHAGE FROM THE BOWELS IN ENTERIC FEVER: ITS VARIETIES AND SIGNIFICANCE.

BY T. J. MACLAGAN, M.D.

BLEEDING from the bowels, occurring in the course of enteric fever, is generally and rightly regarded as one of the gravest complications of that disease; and yet we find such distinguished and accurate observers as Graves and Trousseau recording the opinion that such hæmorrhage may not only be perfectly innocuous, but may even prove positively beneficial. The two opinions seem to me to be quite compatible and equally consistent with truth, only the observations which form the foundation for each were made on cases which presented no analogy beyond the occurrence in all of bleeding from the bowel.

The intestinal arteries enter the bowel from the peritoneal side, and subdivide in the muscular coat, sending good-sized vessels to ramify between the longitudinal and transverse fibres; passing to the submucous coat, they enter it after undergoing further subdivision and diminution in size, and ultimately reach the mucous coat so much diminished in calibre that serious or copious hæmorrhage can hardly be looked for from them. It follows from this, that the deeper and more extensive the ulcerative lesion, the greater is the danger of the larger muscular branches being involved, and the consequent occurrence of serious hæmorrhage.

The two chief forms of hæmorrhage which occur in enteric fever are—first, that which is due to rupture of the minute vessels of the congested mucous surface; second, that which results from the giving way of one or more of the larger vessels of the muscular coat in the course of the ulcerative process. The former usually occurs within the first ten or twelve days; it is seldom excessive in amount, and is not unfrequently productive of good. The latter occurs later on in the case, seldom before the third week, when the patient is already much exhausted; it is generally much more copious; it is always injurious, and is ever to be regarded as a symptom of grave augury; it is sometimes so great as to prove directly fatal.

This difference in the extent of the hæmorrhage and in the prognostic signification of the accident is due to the fact that the blood comes in each from a different source, and at a different stage of the bowel lesion. The milder form occurs before the glandular lesion has gone on to ulceration; the more serious form occurs while this process is actually going on. It was the former that Graves and Trousseau no doubt had before them when they said that hæmorrhage from the bowels was often beneficial in enteric fever. It is the latter which warrants the statement that bleeding from the bowel is one of the gravest complications of that disease.

In a paper published in the *Edinburgh Medical Journal* for April, 1871, and again in another which appeared in the numbers of THE LANCET for Jan. 20th and 27th, 1872, I endeavoured to show that the glandular lesions of enteric fever were of two different kinds, primary and secondary, the latter being the result of the inoculation of healthy glands by discharges from the former. I further endeavoured to show, successfully I think, that the most serious bowel symptoms resulted from the secondary lesions, and that one great point in the treatment of enteric fever consisted in keeping down these lesions as much as possible. This is a result which can be attained only by getting rid as quickly as possible of the discharges which come from the primary lesions: for this reason I condemned the English practice of checking diarrhœa in enteric fever, and advocated the adoption of the French practice of keeping the bowels open. This practice I have now carried into effect for some years, and have had every reason to be satisfied with the result.

Serious hæmorrhage may occur whenever the ulcerative process extends beyond the submucous coat. In the papers already alluded to I endeavoured to show that the likelihood of the muscular coat being invaded was greater in the secondary than in the primary lesions. The explanation of this is to be found in the different mode of formation of the two lesions.

In the primary lesions the cause which excites the inflammatory action that terminates in sloughing of the glands is the specific poison *circulating in the blood*; the morbid action therefore commences in the gland, which, along with the overlying mucous membrane, ultimately forms a slough which, on separating, exposes an ulcerated surface. The sloughing gland is situated in the submucous tissue, and the base of the *primary* ulcer is, as a rule, formed by the tissues immediately below the gland—i. e., by the muscular coat, which remains intact.

In the secondary lesions the cause which excites the inflammation is not conveyed to the glands through the general circulation, but *is absorbed directly from the intestinal mucous surface*. The specific discharge from a primary lesion lodging over an unaffected gland is absorbed thereby, and there is at once set agoing a smart inflammatory action in the gland. It must be noted, however, that the specific poison of the disease thus applied is invariably accompanied by the fetid irritating discharges which necessarily attend the sloughing process. It follows from this that the mucous membrane which overlies the glands thus secondarily affected suffers as early as the glands; for these fetid matters must, in their passage into the gland, produce intense irritation of the mucous membrane through which they pass. We accordingly find that in the secondary lesions (*plaques molles* of Louis) the ulcerative process commences on the mucous surface and extends inwards. In the primary lesions (*plaques dures* of Louis), as we have just seen, the mischief commences in the gland, and the whole mass sloughs out bodily. Murchison, who gives quite a different explanation of the nature of *plaques dures* and *plaques molles*, thus describes the process of ulceration in each form of lesion:—"The mucous membrane may become softened, and one or more superficial abrasions may appear on the surface of the diseased patch, which may extend and unite into one large ulcer, and this ulcer may proceed to various depths through the coats of the bowel, and even to complete perforation. This is what happens in the *plaques molles*. In the case of the *plaques dures* the whole of the morbid material in the

submucous tissue, as well as the superimposed mucous membrane, becomes detached in the form of a slough, leaving behind an ulcerated surface." This is quite in keeping with my own observations, only, as will be observed, I give quite a different explanation of the distinction between the two forms of lesion. The *plaques dures* are the primary, the *plaques molles* the secondary lesions.

In the *primary* lesions the process of destruction commences in the glands and surrounding submucous tissue, and involves all the superficial structures; there is no reason, however, why it should go deeper than the seat of the gland, and we accordingly find that the base of the ulcer is generally formed by the muscular coat, which remains intact. In the *secondary* lesions the process of destruction commences on the mucous surface, and extends inwards in such a manner that there does not seem to be the same reason for its stopping short of the muscular coat. It is the progressive ulceration of these secondary lesions which imparts to enteric fever many of its dangers, and, among others, that which attends hæmorrhage.

From a consideration of the mode of vascular supply of the affected glands, we have seen that copious hæmorrhage can hardly take place from either the mucous or submucous coat, there being in them no vessels large enough for the production of such a result; and we have also seen that the extension of the process of ulceration to the muscular coat is not at all unlikely to be attended with serious hæmorrhage, the vessels in that coat being of considerable size. From a consideration of the mode of formation of the primary and secondary lesions, we have seen that the muscular coat is much more liable to be invaded in the latter than in the former: we therefore conclude that hæmorrhage of a serious nature is more likely to take place in a secondary than in a primary ulcer.

It follows from what has been said, that hæmorrhage may take place from (1) the mucous, (2) the submucous, or (3) the muscular coat. (The dangers of invasion of the peritoneal coat are other and greater than hæmorrhage.)

1. From the mucous coat it may take place in one of two ways: it may be due to the rupture of distended vessels, or it may take place in the ordinary process of ulceration. When due to the former cause it occurs early in the case, and is likely to do more good than harm; when due to the latter, it occurs later on, and is not likely to do good, as the time at which bleeding might be beneficial has passed,—neither is it likely to do much harm, as the vessels are too small to give rise to serious bleeding. Practically, I believe that bleeding from the mucous coat is nearly always the result of the rupture of over-distended vessels, and is nearly always salutary.

2. From the submucous coat blood can flow only during the process of ulceration. It can never be regarded as salutary, but is not likely to be very injurious, for the same reason which applied in the case of the mucous membrane—the vessels are too small, and the bleeding would very readily stop. I believe that such hæmorrhage is not common.

3. Bleeding from the muscular coat is always a source of danger. Such hæmorrhage of course can take place only during the process of ulceration. When once the muscular coat is invaded, the risk of serious hæmorrhage is considerable; for if one of the larger branches which run between the longitudinal and transverse fibres happens to be in the way of the ulcer, and is opened into, there must be a considerable loss of blood. Even from the smaller branches which pass from these larger ones to the muscular fibres there is some danger, but the chief risk is the involvement of the larger ones to which I have referred in the ulcerative process. This is the source of the copious bleeding which occurs late on in the course of enteric fever, and forms one of its great dangers. Such hæmorrhage, of course, is invariably a reason for grave anxiety.

Such are the varieties of intestinal hæmorrhage which occur in the course of enteric fever. For practical purposes they might be divided into the salutary, the trivial, and the serious. The salutary is that which is due to the giving way of the distended vessels of the congested mucous membrane; the trivial is that which occurs in small quantity during the process of ulceration of the mucous or submucous coat; the serious is that which results from the involvement of one of the larger vessels of the muscular coat in the ulcerative lesion.

It is important that these varieties of intestinal hæmorrhage should be recognised, as the prognostic significance and the treatment of each is different.

The first form does good, and requires no treatment. It should not be interfered with.

The second form, as a rule, does little harm, and need not be regarded with undue gravity; but as it is never possible to say that a slight appearance of blood in the stools after the middle or end of the second week is not due to invasion of some small muscular branches, it is well to be on our guard, for fear of a more copious flow.

The third form is always alarming, and may even prove directly fatal. In some cases the occurrence of the accident may be diagnosed before any blood is passed per anum; the pallor and prostration of the patient, the failing pulse, and the rapidly falling temperature, pointing to what is soon verified by the passage of a large quantity of blood by stool. The prognosis in such cases is always grave. So far as the immediate effects of the bleeding are concerned, the prognosis is directly as its amount and the ability of the patient to bear the loss. But the ultimate prognosis is also injuriously affected by the accident, for its occurrence indicates the existence of a still progressive secondary ulcer, and there is no saying where such an ulcer may stop: it may open into other vessels, or it may involve the peritoneum in its destructive course. Treatment should be prompt. Seeing the case while there was reason to suppose that the bleeding was going on, I should try the subcutaneous injection of ergotine; astringents should also be administered freely and in frequently-repeated doses; and the patient should at the same time be kept up by concentrated nourishment and stimulants.

Dundee.

REMOVAL OF THE ENTIRE TONGUE FOR CANCER BY THE GALVANIC ECRASEUR.

BY WALTER WHITEHEAD, F.R.C.S.E.,
SURGEON TO ST. MARY'S HOSPITAL, MANCHESTER.

MRS. S——, aged sixty-nine, from Oldham, presented herself to my notice on November 29th, 1872, suffering from cancer of the tongue. The primary nodule was detected more than a year ago in the right lateral half of the tongue, within an inch from the apex, and thence it had extended beyond the median boundary to the left side and backwards to the margin of the papillæ circumvallatæ. The surface of the indurated portions was ulcerated, and bore the characteristic features of cancerous origin. The excruciating pains, swelling, and inconvenience, suffered by the patient were also those usually attendant on cancer of the tongue.

An operation for the removal of the tongue was arranged for December 4th. The patient being completely under the influence of chloroform, the tongue was firmly drawn upwards and forwards during the operation by a ligature which was passed through the tip. A loop of the galvanic écraseur wire was then passed into the mouth by a needle in the central line, midway between the jaw and the os hyoides, in close proximity to the tongue. The loop was then passed over the tongue into the sulcus in front of the epiglottis, and retained in this position by means of the forefinger of each hand until the wire had obtained firm hold of the structures within its grasp. At this stage, and not before, the galvanic circuit was made complete, and the platinum wires allowed to become sufficiently hot to give unmistakable indications of burning animal matter. A single turn of the écraseur screw was made every half-minute, and during each pause the galvanic current was interrupted. About eleven turns of the écraseur sufficed to remove the tongue. No bleeding occurred either during or succeeding the operation, and immediately after the effects of the operation had passed off, the patient sat out of bed for a quarter of an hour.

For the first two days she was fed with warm milk, which she easily swallowed after it had been conveyed to the back part of the mouth by means of an ordinary glass syringe. Afterwards she was able to take fluid food naturally. A

large slough separated from the floor of the mouth at the end of the second week, and a small slough came away from beneath the jaw about the same time; the latter left a fistulous communication with the mouth, through which the saliva escaped to an inconvenient degree. It however gradually contracted, and is now entirely closed. At the end of three weeks the patient returned home so far recovered as no longer to require further attendance. She was able when last seen, Jan. 28th, 1873, to articulate with admirable distinctness; and admitted to being free from all pain, and perfectly satisfied at having undergone the operation.

The éraseur used in this operation fulfilled all the requirements of an ordinary wire écraseur, and the combination of the galvanic cautery left nothing to be desired. The only objection to the operation, as performed in this instance, was that occasioned by the heated wire burning the structures in its course into the mouth; and this for the future ought to be obviated by dividing, according to the plan of Sir James Paget, the mucous membrane and structures connecting the sides of the tongue to the jaw, and also the attachments of the genio-hyo-glossi to the symphysis, close to the bone; and when the tongue is thus freed and drawn forwards, by adjusting the wire of the écraseur, so as to include the whole of it close to its connexion with the hyoid bone.

The accompanying electrotype conveys a full representation of the several parts of the galvanic écraseur, as made by Messrs. Krohne and Sesemann. The instrument consists of four separate and separable parts:—*a*, the handle; *b*, a screw on which travels a clamp (*h*); *c*, canulæ through which the wire passes; *d*, platinum wire loop; *e*, ivory "interrupter" to connect or break the galvanic current by slight pressure of the thumb; *ff*, sockets into which the canulæ can be fixed by screws; *g*, receptacle for connecting wires from battery; on the long screw (*b*) rides the clamp (*h*), between the jaws of which the ends of the platinum wires can be fixed by a screw.

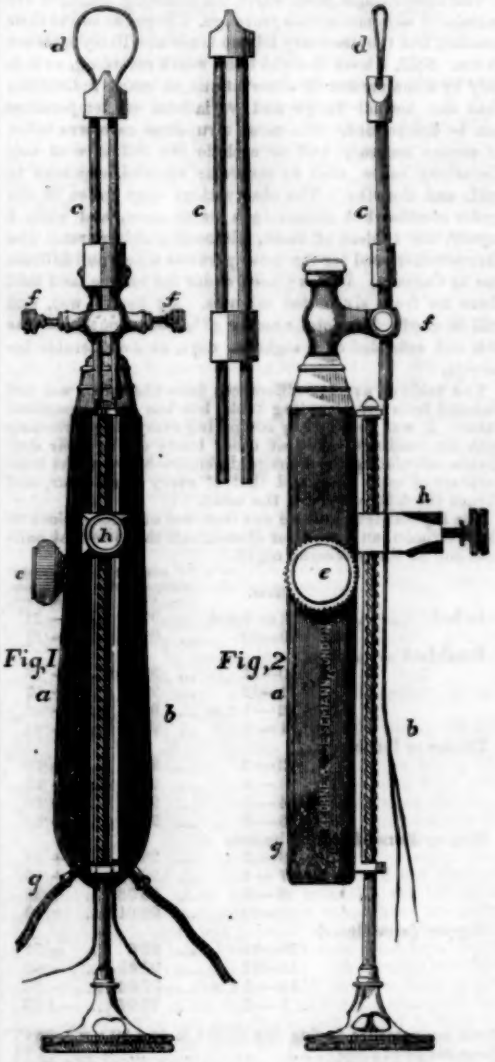
Removal of the tongue in the restricted sense—that is, without attempting the entire extirpation of its deeper attachments to the hyoid bone—is one of almost absolute safety, and invariably followed by an alleviation of the unparalleled suffering caused by cancer of that organ, and it appears doubtful whether the more extended operation is warranted by any adequate benefits that can be fairly promised to the patient. When we take into consideration the great mortality which has followed extirpation of the tongue in its strict entirety, involving as it does either division of the lower jaw or the extensive submental incisions of Regnoli, with a mortality in the former instance of little short of 50 per cent., and in the latter certainly 25 per cent., it requires a full belief that cancer of the tongue may be local in its origin, and curable by removal, to justify the major operation. Regulating our motives and actions by the stern facts gathered by experience, our operations for cancer of the tongue, as in cancer elsewhere, only aim at a mitigation of suffering, and a limited prolongation of life. With this conviction the galvanic écraseur can be recommended as answering every purpose for removal of the tongue.

One advantage over the knife which may be claimed for the galvanic écraseur is the amount of destruction the heat occasions to the structures contiguous to the part removed—an action which cannot fail to modify, for a considerable depth, the tissues which might also be infected with the disease.

A feature in the case recorded worthy of mention is the facility experienced in adjusting the écraseur wire by means of the forefinger of each hand, and the retaining of it *in situ* until the screw of the écraseur is tightened. Various ingenious instruments have been devised to effect this object, but that the most successful of these instruments can be proved as reliable as the finger has yet to be demonstrated. The finger can not only apply the wire, but it can ascertain whether the adjustment is correct; or, if in fault, remedy the mistake before any irregularity can be committed.

The speed at which the screw of the écraseur is turned is of importance, so far as the prevention of hæmorrhage is concerned; and the best rule to follow is—the less the resistance the slower the speed, and *vice versâ*, the resistance being in an inverse ratio to the vascularity.

It is the custom of some surgeons not to administer chloroform before the écraseur has been tightened so as to fix the loop round the base of the tongue, with the belief that up to this point there is but little pain, and that the voluntary efforts of the patient materially assist the surgeon. On the other hand, it is asserted that when voluntary assistance is of the most use, the pain caused by manipulation is the greatest, and that after the écraseur is firmly tightened the pain is diminished. Consequently, it is much to be preferred that the patient should be thoroughly under chloroform from the first, when the absence of resistance will be at least equal to any assistance the patient could afford were he not unconscious.



Galvanic écraseur. Side view.

Manchester.

THE annual meeting of the Royal Maternity Charity was held on Tuesday last, when it appeared that 3666 women were delivered under the auspices of the institution during the past year. It must be highly gratifying to all supporters and well-wishers of the charity to learn that out of the large number of deliveries there were only four deaths.

ON THE DIURNAL VARIATIONS OF THE TEMPERATURE OF THE BODY.

BY EDWARD CASEY, M.D., B.S. LOND.

THE observations from which the following averages are calculated were made some years ago. I hoped to add to their number, but the necessary leisure is not now likely to return to me. Still, I have thought them worth recording, as it is only by a comparison of observations on many individuals that the normal range and variations of temperature can be determined. The most scrupulous care was taken to ensure accuracy and to exclude the influence of any disturbing cause, such as muscular exercise, exposure to cold, and the like. The observations were taken in the cooler months, but always in a warm room, and while I myself, the subject of them, felt comfortably warm. The thermometer used for the most part was a new and delicate one by Cassella. It was placed under the tongue, and held there for from six to ten minutes. My health was, and still is, good. The total number of observations used was 154, and extended over eighteen days, at considerable intervals.

The table of average differences from the mean was not deduced from the preceding table, but has an independent value. It was obtained by comparing every single reading with the readings taken at other hours of the *same day*, thence calculating the average difference between the temperature of each hour, and that of every other hour, and thence the difference from the mean.

The highest temperature was observed at three o'clock in the afternoon, an hour after dinner, and the lowest at half-past one on the preceding night.

	Hour.	Average temperature, Fahr.	Average difference from mean.
In bed	8 to 9 A.M. ...	97·8° ...	−·21°
	9—10 ...	97·84 ...	−·17
Breakfast	10—11 ...	98·38 ...	+·18
	11—12 ...	98·1 ...	+·07
	12—1 P.M. ...	98·5 ...	+·42
	1—2 ...	98·47 ...	+·44
Dinner or lunch ...	2—3 ...	98·3 ...	+·20
	3—4 ...	98·6 ...	+·52
	4—5 ...	98·33 ...	+·36
	5—6 ...	98·45 ...	+·39
Tea, or dinner followed by tea.	6—7 ...	98·4 ...	+·34
	7—8 ...	98·55 ...	+·55
	8—9 ...	98·38 ...	+·39
	9—10 ...	98·01 ...	+·13
Supper (sometimes)	10—11 ...	97·6 ...	−·52
	11—12 ...	97·31 ...	−·86
	12—1 A.M. ...	97·32 ...	−·86
	1—2 ...	96·97 ...	−1·06

Mean temperature during day (8.30 A.M. to 1.30 A.M.),	98·07°
Mean range of ditto	1·61
Highest reading	99·6
Lowest reading	96·4
Extreme range	3·2
Greatest range in one day (98·9°—96·4°	2·5

The law, therefore, in my case at least, is this:—In the morning, before getting up, the temperature is below the mean of the day. A rise then begins, continuing till mid-day. From this time until 7.30 P.M., at which hour the maximum is reached, the temperature is considerably above the mean height. Then it falls rapidly until bed-time, when the minimum occurs.

But there are minor fluctuations, of pretty constant occurrence, of which the explanation is not certain, but should probably be sought in the influence of the function of digestion. Thus the fall at 2.30 and the reaction an hour after may be ascribed to the midday meal, and the high temperature in the evening may be the effect of the tea taken shortly before.

It will be observed that the averages above given for the morning and afternoon accord closely with Dr. Davy's figures, and do not differ much from Dr. Ogle's. But the evening readings are remarkably low. In twenty-two observations after 11 P.M., included in the above series, the temperature never exceeded and only twice reached 97·8°; seventeen times it fell below 97·5°, and five times below 97° F. On all these occasions I was sitting by a warm fire, reading or smoking.

Windsor.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

A CASE OF DIPHTHERITIC PARALYSIS.

(Under the care of Dr. HEADLAND.)

No satisfactory explanation has ever been offered of the paralysis which occasionally follows an attack of diphtheria. According to some authorities it is due to blood-poisoning; but the fact that it not unfrequently supervenes in mild cases, and that it does not come on for two or three weeks after the disappearance of the throat symptoms, militates somewhat against this view. On the other hand, the usually complete subsidence of the paralysis in the course of time would appear to argue against the supposition of grave structural change as a cause. In many cases, if not in all, the amendment may be observed to preserve the same order as did the extension of the paralysis, commencing at the soft palate and finally reaching the lower extremities. The following case illustrates, in some degree, what has been noticed by other observers—namely, that a recurrence of the throat symptoms occasionally precedes the improvement in the paralysis. For the notes of the case we are indebted to Dr. Mitchell Bruce, registrar.

H. W——, aged nineteen, a bricklayer's labourer, unmarried, was admitted on the 31st of October, 1872, complaining of loss of power in the arms and legs. The history of ordinary previous health says: the patient has not had syphilis; his father died of consumption at the age of thirty. The man states that about the 26th of July last he was taken with a cold, sore-throat, difficulty of swallowing, and profuse bleeding from the nose; that the doctor whom he consulted "burnt the throat with caustic"; and that in fourteen days he had so far recovered as to be able to resume his work. He adds that during this illness his nostrils were stuffed with tenacious matter; but that there was neither any alteration of his voice nor any regurgitation of fluids through his nose. He had returned to his work but a day or two when the first of the series of symptoms began from which he has since suffered. First his eyes and legs were affected; he saw double, for he had a squint "in the left eye"; and he was so giddy that, while at work, he was compelled to crawl along the tops of the walls instead of walking. His gait was affected, partly, he believes, from the giddiness, and partly from a peculiar movement of the legs, which would sometimes rise too high, "as if there were a step," and then come suddenly down. He now gave up work; but previous to this he could not swallow perfectly. Dysphagia came on gradually, and never advanced so far as to prevent the patient from eating, although every morsel returned from a point opposite the pomum; water could not be taken except in sips, otherwise it would regurgitate through the nose. At the same time the voice became nasal, and taste seems to have been impaired. The patient now consulted Mr F. H.

Hume, of Devonshire-street, Islington, who has kindly supplied full notes of the case while it was under his care. When first examined, the throat was found to be congested, but not ulcerated; the symptoms of paralysis of the palate and pharynx much as described; but in addition there are recorded as present deep pain about the cricoid cartilage, transient pains in the arms, numbness in the fingers, involuntary twitchings of the facial muscles, ringing noises in the ears, and an absence of paralysis of the legs, for the patient walked some distance to the surgery. Next day, exactly a week from the commencement of these symptoms, the patient could not rise out of bed; he had squinting, double vision, giddiness so great as to keep him in the recumbent posture, nasal voice, dysphagia, numbness of the finger-tips, "general loss of muscular power," defect of pronunciation, especially of the consonants *d* and *c*, frontal headache so severe as to make him cry out, and at night delirium. A blister to the nape of the neck was followed by speedy disappearance of the more urgent symptoms, and in a few days his sight became natural, his voice was restored, and he could swallow well and had a good appetite. The hands, however, became worse, the numbness passing upwards from the finger-tips, and the patient being unable to use a knife and fork. At this time his legs did not feel weak, but they soon after did so, and that, according to the patient's own account, rather suddenly. He states that one day whilst walking he was seized with pain in the calves; this did not disappear until night. Next morning the feet were numb, and the power in the legs thereafter was gradually lost. At no time were there any bladder or bowel symptoms, deafness or loss of smell, shortness of breath or palpitation. The squint, dysphagia, &c., did not return; at times there was slight headache; in other respects the general health was good.

On admission the patient could not walk or stand alone, and his hands were so far paralysed that he could not feed himself. A careful examination made a few days after determined the following results:—Feeble grasping power of both hands; considerable paralysis of muscles of legs; the feet cannot be flexed or extended against slight resistance; the patient is unable to pull or push off his slippers; walking is just possible, but peculiar. The patient on rising separates his feet, fixes his eyes on the ground, balances his body by raising his arms well from his sides, and having apparently thus gained his equilibrium, advances with a weak, rocking motion, the joints appearing peculiarly lax, and the trunk swung from side to side as the corresponding foot is planted on the floor. After half a dozen such steps the patient seems glad to catch at a bed for support. When standing, after balancing, he sways, and would fall if the eyes were shut for a moment. In the hands and feet there is a continual feeling of numbness. There is evidently some impairment of sensation in the hands, but not in the feet. Diminished electrical sensibility and irritability to faradisation both in arms and legs, but especially in the latter. Sight and eyes normal in every respect; ophthalmoscopic appearances as in health; a drumming noise in the ears, with some deafness; other senses perfect; no headache; sleeps well; mind evidently unaffected; no paralysis of palate; no cicatrix or loss of substance visible in the throat; tongue fairly clean; no dysphagia; appetite good; bowels regular; no pulmonary symptoms; voice natural; pulse 92, regular, of medium size, soft and weak; cardiac signs not abnormal; urine passed naturally; no albumen. Ordered two tablespoonfuls of strychnine and iron mixture three times a day, and a five-grain pill of mercury with aloes at night.

Nov. 12th.—Condition unchanged, except that for the last day or two the patient has complained of a "palpitation" in his knees, feet, and hands, passing after a few minutes' duration from limb to limb.

15th.—The patient believes his limbs are weaker. He walks as before, but states that he has fallen twice in the ward.

27th.—During the last week the patient has decidedly improved; he walks with much less "roll." Two days ago he began to suffer from slight sore-throat, with swelling of the glands externally.

Dec. 2nd.—Throat symptoms have disappeared; walks better; hands stronger.

10th.—Since the last note the patient has recovered so much that he can walk with only the slightest perceptible "roll," and grasps firmly with both hands. His general health has continued good. He leaves to-day for a convalescent hospital.

The treatment was the same from the beginning throughout his stay in the hospital—simply tonic.

QUEEN'S HOSPITAL, BIRMINGHAM.

HYDATID CYST IN THE MENINGES OF THE BRAIN.

(Under the care of Dr. SAWYER.)

WE are indebted to Mr. Sunderland, resident physician's assistant, for the notes of the following case.

Joseph C——, aged twenty-nine, was admitted Sept. 16th, 1872. He stated that for the last ten weeks he had suffered from a very severe pain in the back part of his head and at the nape of the neck, which had lately prevented him from working. He had been troubled with noises in his ears. For the last few weeks he had vomited several times every day, the sickness coming on suddenly, and without any apparent cause. His friends had noticed that he staggered sometimes, that he was getting deaf, that he had a stupid look, and that his memory was becoming impaired. There was no history of syphilis.

State on admission.—The patient was a powerfully built and well-nourished man. His expression was vacant. He had a little difficulty in pronouncing his words; he doubled up the syllables like a man with general paralysis. All the special senses were a little blunted, and his perception was impaired; there was no paralysis of any nerve. The pupils were equal, normal in size, and responded to light. His optic discs were hyperæmic. He could walk a little when supported on either side; when left to himself he fell down in a heap. He complained of a constant pain, which was subject to frequent and great aggravations, in the back part of his head and neck; he suffered from buzzing noises in the ears; he vomited several times daily. The tongue was clean. Pulse, temperature, and urine normal. The pain in the head almost entirely prevented sleep. Bowels obstinately constipated.

Oct. 5th.—The patient has been getting rapidly worse, the pain becoming more violent, and the vomiting more frequent. To-day he became insensible; breathing stertorous, pupils dilated, urine and fæces passed in bed.

6th.—He has improved a little since yesterday; he can be roused when spoken to.

12th.—Yesterday he fell into profound coma; dilated pupils, &c. He died this morning.

Post-mortem examination. — On removing the brain, the sulci between the convolutions were found to be filled with opalescent fluid. At the base, the space between the anterior border of the pons Varolii behind, the optic commissure in front, and the middle lobes laterally, was occupied by a convex cyst with thin opalescent walls. The right third nerve wound round the side of the cyst, and was flattened out, and a fourth of an inch in breadth; the left third nerve was also flattened out, but not so much as the right. The optic commissure was pressed on by the anterior wall of the cyst. The lateral ventricles were filled with serous fluid. The fornix was semi-diffluent. On opening the third ventricle from above, the cyst could be seen bulging into and forming part of its floor. The corpora albicantia had disappeared. The cyst was single, and seemed to have become developed in the posterior subarachnoid space. The heart and lungs were normal. A hydatid cyst, as large as a fœtal head, was found in the right lobe of the liver. Another large cyst was found in the left kidney.

GENERAL INFIRMARY, LEEDS.

RETENTION OF URINE; RELIEF BY PNEUMATIC ASPIRATOR; EXTREME DYSPNŒA; TRACHEOTOMY; TEMPORARY RELIEF; DEATH.

(Under the care of Mr. PRIDGIN TEALE.)

WE have on a previous occasion spoken of the indispensable value of laryngoscopic examination in cases of dyspnœa. The following case illustrates in a most marked manner the truth of our remarks. Whatever may be the pathological condition which gives rise to paralysis of the vocal cords, it is certain that the dyspnœa is owing to

the closure of the glottis; and, therefore, an opening made into the trachea, or even into the larynx below the glottis, will give relief. If, however, the dyspnœa be due to actual pressure with partial closure of the trachea, the recurrent laryngeal nerve being unaffected, the operation of laryngotomy or tracheotomy will be of no avail. The fact that the paralysis is due to aneurismal pressure on the recurrent nerve ought not to be a cause for any delay in the performance of the operation when the symptoms have become urgent; but, of course, it is always desirable that the presence of an aneurism should be diagnosed. The method of relief of the bladder, as practised by Mr. Teale in the subjoined case, is unusual, but seems to be of value.

James D——, aged thirty-eight, was admitted July 26th, 1871, with retention of urine. He had suffered from stricture for more than eight years, and had several times been admitted into hospital with retention. No larger catheter than No. 6 could ever be passed into the bladder. The present attack began with inability to pass urine at 1 A.M. on July 26th, from which time up to his reception into hospital at 1 P.M., no urine had been voided. As no instruments whatever could be passed into the bladder, he was ordered an opiate and a warm bath. At 6.30 P.M., as he had been twice in a warm bath without relief, and his distress was becoming severe, Mr. Teale introduced one of the smaller needles of the pneumatic aspirator above the pubes into the bladder, and drew off 13½ ounces of urine. The needle with tube attached was allowed to remain for one hour, during which time 2½ ounces of urine drained away. The following day he was able to relieve the bladder by the urethra, no inconvenience whatever having resulted from the use of the aspirator.

On August 15th he was readmitted in order to undergo perineal section, in consequence of the frequent relapses of retention of urine. He now looked wretchedly ill, and suffered so much pain in the back that serious intra-thoracic mischief was suspected. The resonance of the chest was natural all over. Neither bruit nor dulness could be detected at the back of the thorax, where he complained mostly of pain. There was a double murmur over the aorta, extending along the course of the subclavians, especially the left.

A few days later, on entering the ward, Mr. Teale found that the patient's voice had become hoarse and croaky, and that he had a suffocating cough; he was therefore at once examined with the laryngoscope, and the left vocal cord found to be paralysed. Mr. Teale inferred that some tumour was pressing on the left recurrent laryngeal nerve, and from the acuteness with which pain had commenced, and the rapidity with which the symptoms had developed, he thought it probable that the source of pressure was an aneurism of the left side of the arch of the aorta. Instructions were given to Mr. M'Gill, the house-surgeon, to be prepared at any time to perform tracheotomy, should urgent dyspnœa set in.

Two days later, whilst Mr. Teale was in the hospital, the patient was seized with intense difficulty in breathing, and was in danger of suffocation. The symptoms were so urgent, that tracheotomy was performed by Mr. Teale without removing the patient from his bed, and immediate relief was obtained. He lived for four days in moderate comfort.

At the post-mortem a small aneurism about the size of a billiard-ball was discovered in the arch of the aorta, compressing the left recurrent laryngeal nerve. In his clinical remarks, Mr. Teale referred first to the value of the laryngoscope in pointing towards the cause of the sudden interference with voice and breathing, and giving a hope that tracheotomy might relieve the more dangerous symptoms; secondly, he pointed out that the cause of the dyspnœa was an aneurism. He nevertheless relied on tracheotomy for giving relief to the breathing, seeing that the seat of interference was in the larynx, and not lower down in the trachea below the point at which tracheotomy could give relief.

MR. RATHBONE, M.P., has liberally offered to supply the infirmary of the Manchester Union with trained nurses, or, at all events, to inaugurate a system of skilled attendance on the sick, in lieu of the pauper nurses commonly employed in workhouse hospitals. The proposal was warmly seconded by Mr. Cane, the inspector of the Local Government Board, and was referred for consideration to a special committee.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 21ST, 1873.

SIR W. JENNER, BART., K.C.B., PRESIDENT, IN THE CHAIR.

DR. MOXON exhibited the Lungs from a woman who had died of acute pleurisy on the right side. The lymphatic vessels of the subpleural tissue were full of pus. At the root of the right lung there was a large abscess. He had shown a somewhat similar specimen a few months ago. In that case the lymphatic vessels throughout the lung, as well as the superficial ones, were full of pus; in the cæcum was an ulcer, and the lacteal glands were in a calcified condition.

Dr. POWELL asked if the lymphatics were only distended, or was there evidence of inflammation of them? Might not the condition be due to inflammation, and the vessels filled with their own products?

Dr. MOXON said the lymphatics were distended with pus; the bronchial abscess was old, and pus degenerated; there was no pus in the cavity or tissue of the pleura.

MR. BENJAMIN DUKE exhibited a specimen of Anchylosis of the Hip-joint from a young woman. She had died recently of tubercular meningitis. The specimen showed good bony union between the head of the femur and the acetabulum; the patient some time before her death could get about well on crutches.

MR. W. ADAMS asked what was the age of the patient, and what time had elapsed between the disease and bony anchylosis? In all such cases the tendency to bony anchylosis was supposed to be slight, and usually many years were required.

MR. DUKE said that the girl was seventeen when the disease came on; she died three years after. There was firm anchylosis after two years.

MR. W. ADAMS showed a Fœtus with arrest of development of the arms and legs. Both arms and legs were similarly affected. The arms were shorter than natural; no malformation of the joints or the hands; the legs were shortened and twisted. The mother, a woman aged forty-one, who had had ten children, all healthy, attributed the malformation to having seen, when four months pregnant, a cripple whose limbs were similarly deformed. The specimen had been presented to the College of Surgeons by Mr. W. H. Wilkinson, in whose practice it had occurred.

DR. MURCHISON showed a Spindle-celled Sarcoma of the Liver. He thought the specimen illustrated a cause of enlargement of the liver not described, and the importance from a clinical point of view of studying the diseases hitherto called cancer. At the latter part of 1871 he was consulted by a patient, aged thirty, who during the previous eighteen months had had two or three paroxysmal attacks of pain below the right ribs; there was no vomiting nor jaundice; after two or three days the pain ceased. He was supposed by those who had seen him to be suffering from hydatids of the liver. He complained of a burning pain in the hepatic region, and had lost flesh. He was rendered uncomfortable from the size of the tumour, which had increased much during the last month. The tumour occupied the right side of the abdomen, reaching nearly to the pubes; the liver was greatly pushed up by it; the surface was uneven, with soft, doughy excrescences, not elastic, and gave no signs of fluctuation. He did not think it was a hydatid tumour. On inquiry, he found that one eyeball had been excised nine years ago by Mr. Hulke for malignant disease. He wrote to Mr. Hulke, who had sent him a drawing he had made of the growth, which was a spindle-celled sarcoma growing from the choroid. Since then the patient had been in good health, and the functions of the body had been well performed. He then saw Sir W. Gull, who gave the same opinion. The patient came to him again eight months after. The tumour had increased in size; the pain had ceased, and his only inconvenience arose from the bulk of the growth. The bulging was more elastic. After consultation with Sir W. Jenner, an exploratory puncture was made with a fine trocar into one of the elastic swellings; nothing came out but a drop of blood, which, examined by the microscope, revealed nothing. He then saw several other physicians,

and then went to a hydropathic establishment, and died there, apparently of exhaustion, after being in great pain for twenty-four hours. At the autopsy the liver with the tumour was found to weigh 20 lb., and on the surface were two rounded masses, one on each lobe, described as like hydatid tumours; the great bulk of the tumour grew from the under part of the liver, and was made up of masses varying in size from a hen's egg to an orange, full of soft gelatinous matter. Mr. Arnott had examined this, and found the same appearances as Mr. Hulke did in the tumour of the choroid. This was a very rare case; the clinical history differed from that of cancer, and more resembled that of a hydatid tumour.

DR. CAYLEY thought the case was exceedingly interesting as proving that these malignant tumours were of local origin, and that the germs were disseminated or spread through the system, and not dependent upon constitutional taint.

MR. ARNOTT said one fact in the case appeared to be opposed to the local origin of these growths—viz., the long interval. But he might mention that spindle-celled growths differed from other malignant tumours by remaining dormant for a long time, and then starting into activity. As illustrating this, he would mention two cases: one, that of a girl now twenty, from whose thigh, when eight years old, a spindle-celled sarcoma had been removed. Three years after this a new growth appeared in the scar; after four years there was great pain, and he removed it. It was the size of a walnut, and had the same tissue as the first. The second case was that of a man from whose ham a spindle-celled tumour was removed. Four years before the eyeball had been excised for a similar growth of the choroid. The tumour was melanotic, proving it to have been derived from the primary growth.

DR. KING showed the Stomach from a man who had poisoned himself by taking hydrofluoric acid. A man aged forty-six, who was addicted to drink, after a quarrel bought two ounces of the acid, and when drinking in a public-house took about half an ounce of it. He was brought to Middlesex Hospital; he was then retching and vomiting, in a cold clammy perspiration, and in great agony; the pulse small, and the pupils contracted. He died twenty-three minutes after his admission, and thirty-five after taking the poison. At the post-mortem examination the pia mater was found to be congested, the lungs were congested, and the mucous membrane of the trachea and bronchi was reddened. The blood gave an acid reaction. The mucous membrane of the mouth was white, and the epithelium stripped off. The epiglottis was denuded. On the œsophagus were patches of whitened epithelium and shreds. No erosion. The stomach was full of blackish fluid, and parts of the mucous membrane were blackened. There was no ulceration or erosion. He thought this was the only case on record. Death appeared to be the result of closure of the glottis by shreds of mucous membrane.

MR. COUPLAND showed an Aneurism of the Thoracic Aorta. The patient, a tailor, aged twenty-eight, had a severe attack of hæmoptysis a year ago. On admission, as there were no signs of aneurism and the man was weak and dyspeptic, he was treated for phthisis. After a few days he complained of pain under the left nipple, and pleuro-pneumonia was discovered. On the fourth day he had a second attack of hæmoptysis and died. At the autopsy the left pleural cavity was found full of blood. A large clot, twenty-four ounces in weight, concealed the lung. The diaphragm was pushed down by a large fusiform aneurism of the aorta. In the aneurismal walls a small opening was found into the lower lobe of the left lung; into this the blood had poured, and the lung-tissue was completely disorganised; the blood had passed into the pleural cavity through a large rent in the lung.

In reply to Dr. Theodore Williams, MR. COUPLAND said the back had been carefully examined, but without revealing any signs of aneurism.

MR. BARWELL showed the Bladder of a patient who had been tapped above the pubes. The man was under his care for prolapsus ani, with sloughing of the part. Finding he had retention of urine a catheter was passed, and one pint of urine drawn off. The prostate was enlarged, and a catheter was passed daily. One day it drew off six ounces of pus, and then no catheter could be passed, and it became necessary to puncture the bladder, and he chose the suprapubic method. The man at first improved; after a time the canula was stopped by ropy mucus. A catheter was again passed, but only pus drawn off, and the man sank and died. All the organs were healthy except the liver, which was fatty. The prostate was enlarged, and an abscess was found high up between the bladder and the rectum, and this communicated with the urethra and the bladder behind the prostate. He thought the sloughing of the rectum caused the abscess which pointed into the urethra, and afterwards broke into the bladder.

MR. MARCUS BECK exhibited a Penis amputated by Mr. Erichsen for a tumour growing immediately below the glans. The tumour was about the size of a hen's egg, irregular, lobulated, hard, and elastic. It was firmly attached to the under aspect of the apex of each corpus cavernosum, and was also firmly adherent to the corpus spongiosum. It began to grow thirteen years ago, and was removed two years after, but quickly recurred, and had continued to grow steadily to its present size. Under the microscope it was found to be composed of simple fibrous tissue arranged in concentric layers.

MR. MARCUS BECK then exhibited a specimen of Fracture of the Base of the Skull. It was caused by a fall from a height of about fifteen feet directly on the top of the head. There were two distinct fractures: one commenced at the vertex, and passed to the left through the temporal and across the middle fossa of the base of the skull to the sphenoidal fissure; the other fracture, or rather set of fractures, consisted of irregular splintering of the parts of the bone corresponding to the condyles of the occipital bone. The apex of the fibrous portion of the right temporal bone had been chipped off. The interest of the specimen lay in its showing at one view the two chief varieties of fracture of the base of the skull; the first fracture being a direct fissure from the part struck, and the second being caused by impulsion of the weight of the body upon the base of the skull.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JAN. 24TH, 1873.

MR. CAMPBELL DE MORGAN, VICE-PRESIDENT, IN THE CHAIR.

THE CHAIRMAN conveyed to the Society expressions of regret from Mr. Prescott Hewitt, the newly-elected President, on his inability to attend the meeting.

MR. KESTEVEN conveyed to the Society expressions of chagrin and annoyance on the part of Dr. Lockhart Clarke as to the postponement of the discussion on his paper, inducing remarks from Mr. George Lawson (as Secretary), the Chairman, and Sir William Gull.

The SECRETARY (Dr. Southey) read notes of a case by Dr. Nieden (communicated by Dr. Weber) on

LESION OF THE UPPER DORSAL PORTION OF THE SPINAL CORD, AND EXCESSIVE LOWERING OF TEMPERATURE AND PULSE.

There was complete paralysis of the lower extremities, of the chest, and of the greater part of the trunk. Consciousness was perfect up to 81° F., and the pulse 30. Death occurred on the eleventh day after the injury, with a temperature of 80·6°. F. D——, sixty years old, fell on Oct. 5th about fourteen or fifteen feet on his outstretched arms; he was insensible for a short time. When brought into the hospital he could give an account of the accident. He complained of great pain across the shoulders and back, but no lesion of the spine could be detected. The lower extremities and the trunk, as high as the second intercostal space, were perfectly paralysed to motion and sensation. The temperature in the axilla was 95·2°; pulse regular and strong, 52. Respiration was carried on only by the diaphragm, 18 per minute. The bladder was paralysed; the urine was acid, and free from albumen and sugar. His appetite was good. The treatment consisted in rest in an horizontal position, and the application of twenty cups on the back. For some days there was no great alteration. The temperature rose at first gradually to 98·6°, the pulse to 68, and the respirations were 18 per minute; but, on the morning of the third day, the temperature began to sink, so that on the morning of Oct. 10th it was 95·8° (pulse 52, resp. 16), falling gradually, on Oct. 12th, to 90·2° and 87·9° (pulse 42,

resp. 14). The patient was in the same good mental condition as before. On Oct. 13th the temperature rose again from 86·2° to 87°, while the pulse became weaker and smaller (40), and the respirations were accompanied by râles. On Oct. 14th the temperature sank to 84·3°, pulse very weak (34), respirations 14. The mental faculties were quite intact; likewise the digestion. Œdema in both lungs increased. During the night of Oct. 15th the patient was conscious; temperature 81°, pulse 30. His breathing became irregular, and he expired with a temperature of 80·6°. The necropsy showed a dislocation of the first dorsal vertebra upon the second, without fracture. There was a vast ecchymosis in the dura mater. The interior of the cord was softened, and transformed into a reddish pulp. The lower parts of both lungs were excessively congested and œdematous; all the other organs were normal. Dr. Nieder remarked that similar sinking of temperature to 80·6° had, he believed, never been observed; but this case showed that life could be continued with a temperature of 81°. The decrease of temperature was accompanied by the same sinking of heart contractions. Difference of temperature between different parts of the body (axilla, rectum, mouth) existed only in a small degree. Literature showed that similar lesions of the medulla or the cervical marrow produced in one case sinking of temperature, while they are followed in another by rising of the temperature.

Dr. GREENHOW thought that sufficient attention was not generally paid to falls of temperature, and quoted a case which is reported in the third volume of the Transactions of the Society. In this case (one of atrophy of the brain) the temperature fell progressively to 84° F., and stood at 85·3° an hour before death.

Dr. RASCH mentioned a case at present in the Tottenham Training Hospital, under the care of Dr. Lichtenberg, in which, after a fall on the back of the neck, paralysis up to the neck followed. The temperature, carefully taken twice and thrice a day, went gradually down until it reached, on the sixth day after the injury, 88·9°. There was a marked difference in the temperature of the axillæ. The gradual rise of the temperature after the sixth to the ninth day (meeting of the Society) was coincident with brandy given, and a slight increase of mobility of the right upper extremity. The pulse was not under 52. Dr. Rasch considered these surgical cases of the utmost importance for physiology, as they might assist in finding out the nervous centre for regulating the heat of the body. It was important to measure the temperature of the mouth also, in order to meet the opinion that the fall of temperature in the paralysed parts was due to chemical changes in the parts affected. To determine whether at such low temperatures combustion of the tissues was decreased, he had suggested that the amount of urea and urates be tested, and he hoped that Dr. Lichtenberg would bring his case extensively before the profession.

Mr. WILLETT presumed that the injury was really a dislocation between the first and second dorsal vertebræ.

Dr. DOUGLAS POWELL asked for some precise information as to the proximate cause of death; and wished to know if in Dr. Greenhow's case there was much pulmonary congestion.

Dr. NIEDEN said that congestion of the lungs was, in his case, the immediate cause of death; but

Dr. GREENHOW replied that in his patient there were no pulmonary symptoms whatever.

Dr. SOUTHEY remarked that there was no increase in the rate of respirations.

After some further brief remarks from Dr. Greenhow and Dr. Powell,

Dr. WEBER said that he disagreed with the author of the paper in his theory as to the proportion existing between the products and expenditure of heat. Expenditure of heat was a very difficult thing to determine absolutely, but, as a general rule, there was no great deficiency of expenditure of heat, the quantity of carbonic-acid gas being of course diminished.

Mr. GEORGE LAWSON asked if a careful examination had been made of the vertebræ; because he had never seen, or, as he thought, heard of a case of dislocation of a dorsal vertebra without fracture.

Dr. NIEDEN answered that a most careful inspection was made, and referred to three other recorded cases.

Dr. BUZZARD asked if the condition of the par vagum and sympathetic was closely examined; indicated the desirability of endeavouring to localise heat more exactly; and observed that such symptoms as those described were observed in several other conditions—notably, for example, in simple ulcer of the stomach and in cholera.

Dr. NIEDEN regretted that no examination of the ganglia was made.

The CHAIRMAN, in closing the discussion, endorsed Dr. Buzzard's suggestion, and quoted a case of crushing of the cord, in which the parts above the line of injury healed, whereas no process of reparation occurred below it.

Mr. TEEVAN read notes of

TWELVE CASES OF STRICTURE

which had come under his care during the past year, and which had previously been operated on by himself or others. —1. Perineal section; good result. G. B—— was operated on twenty-six years ago by Mr. Coulson. A large instrument has been regularly passed once a fortnight. 2. Puncture of bladder, per rectum; bad result. W. M—— was operated on in a hospital in London thirteen years ago. When he left only a small instrument could be passed. The stricture soon became impassable. By gradual dilatations he was enabled to pass a No. 4, when he ceased to attend. 3. Internal urethrotomy; bad result. M. de W—— was operated on eight years ago by Leroy, *fils*. No instrument was afterwards passed as the patient had to leave Paris. Mr. Teevan cured him by gradual dilatation. 4. Puncture of bladder above pubes; good result. W. O—— was operated on thirty-five years ago by the late Mr. Earle. An instrument had been passed about four times a year. 5. Stricture twice split; bad result. J. M—— was operated on at a hospital in London nine years ago. Gradual dilatation was kept up for some time, but the stricture relapsed, and the operation was again repeated, with similar results. Mr. Teevan divided both the strictures subcutaneously, and he left, passing the largest instrument. 6. Stricture split; bad result. W. B—— had his stricture split in a hospital in London. Dilatation was kept up for six weeks. Patient is in a bad state, but will not allow any instrument to be passed. 7. Stricture split; bad result. W. S—— had his stricture split by Mr. Armstrong Todd. Dilatation was carried on twice a week for ten weeks. When he came under Mr. Teevan's care only the smallest instrument could be passed. 8. Stricture split; bad result. J. H—— had his stricture split at a hospital in London. Dilatation was carried on every other day for two months after the operation. A relapse took place. He was cured by gradual dilatation. 9. Stricture twice split; bad result. G. C—— had his stricture split at a hospital in London a year and a half ago. An instrument was passed once a week for a month. Speedy relapse took place. A second operation was performed a month ago. The urethra will now only take a No. 2. 10. Boutonnière operation, four years ago, by Mr. Teevan; good result. The patient comes about once in two months to have a large bougie passed. 11. A gentleman had his stricture split by a hospital surgeon with bad result. The stricture relapsed so quickly that each week during which the dilatation was carried on, for five months, a smaller instrument had to be used. When he came under Mr. Teevan's care the stricture was impassable. It was treated by gradual dilatation. 12. Stricture split; bad result. A gentleman had his stricture split by a hospital surgeon three years before he applied to Mr. Teevan. He was cured by gradual dilatation.

The Society adjourned at the usual hour, no time being available for the discussion of this paper.

MANCHESTER MEDICAL SOCIETY.—The Annual Meeting of this Society was held on January 8th, Mr. Galt, president, in the chair. The reports of the committee, treasurer, and librarians, were read, showing that the past year had been a highly successful one, the number of members being now 143; nearly 900 volumes were added to the library in 1872. Votes of thanks to the retiring office-bearers were carried, and the following officers were elected for 1873:—President, D. Lloyd Roberts, M.D.; vice-presidents, J. Thorburn, M.D., W. Roberts, M.D., J. Galt, Esq., E. Lund, Esq.; honorary secretary, C. Currie Ritchie, M.D.; honorary treasurer *pro tem.*, J. Thorburn, M.D.; honorary librarians, C. J. Cullingworth, Esq., and C. E. Glascott, M.D.

Reviews and Notices of Books.

Skin Diseases; their Description, Pathology, Diagnosis, and Treatment. By TILBURY FOX, M.D. Lond., F.R.C.P., Physician to the Department for Skin Diseases in University College Hospital, Fellow of University College. Third Edition, rewritten and enlarged; with a Cutaneous Pharmacopœia, a Glossarial Index, and 67 additional Illustrations. 8vo, pp. 532. London: Henry Renshaw. 1873.

IT is in all respects satisfactory that this well-known book should have so soon reached a third edition. The author informs us in his preface that the second edition, a very large one, has been exhausted in about three years. In the meantime a second American edition is called for, and the work is about to be introduced as a text-book in Italy.

Those who are familiar with the volume as last issued, in the form of a pocket manual, will now find its successor launched forth as an imposing octavo, luxurious both as to paper and type. This is, in our opinion, a great improvement. We must confess to a virtuous horror of pocket manuals, as recalling days when medical students were less sensible and industrious than happily they now are, and we believe that Dr. Tilbury Fox is more likely to secure the attention of the profession, and to meet the requirements of the *bond-fide* student, by the change just alluded to.

Not only is this volume much enlarged, but it is also recast in parts and rewritten. One of the most important new features is the addition of many new illustrations, so that there are now nearly one hundred in the volume. Some of these woodcuts are reproduced by permission from the recent works of Neumann, Auspitz, Biesiadecki, Fagge, and Haight.

So much then for a hurried glance outside and inside the volume; and were our duty but to "notice," and not to review, it, we might wipe our pen. But we have our work before us if we are to cast the critic's eye through the series of twenty-one chapters, the formulary, and the glossarial index; and we have set ourselves to this task in good earnest, and intend to proceed somewhat deliberately.

In his introductory remarks Dr. Fox still maintains, and we agree with him, that the best preparation for the study of diseases of the skin is a good grounding in general medicine; and, further, he believes that dermatology has been retarded by being viewed too much from a surgical standpoint. It is still an undecided question whether the treatment of skin diseases should fall to the lot of the physicians or of the surgeons in some of the great hospitals. Our opinion as to the propriety of this will best be gathered, we think, from the fact that we regard it as certain, with but two or three exceptions in this metropolis, that in the course of the last twenty years dermatology has been materially advanced only by physicians.

After some excellent remarks in Chapter I. on the mode of studying skin diseases, Dr. Fox calls attention to the differences presented by the same diseases in different countries, and the distinctions between the several kinds of skin affection occurring in England and abroad—subjects, in our opinion, of the highest importance,—we pass on to Chapter II., in which are embodied the latest researches on the anatomy of the skin as yielded by a study of the subject in Stricker's Histology. Admirable drawings, after Pagenstecker and Biesiadecki, illustrate this.

In Chapter III. the general pathology of the skin is discussed, and we notice especially an excellent section upon the subject of vesicles, and another upon the nature and formation of scales.

Chapter V. brings us to the bugbear of cutaneous medicine—Classification. Dr. Fox glories in Willanism, and his "clinical plan of grouping" skin diseases is an expansion of Willan and Bateman's system, as modified somewhat by Wilson. The only change we recognise in this edition is the introduction of a group of New Formations, "in which the neoplasm is the essential and only condition present," e. g., cancer, lupus, and rodent ulcer.

In Chapter VI., in a section on therapeutics, the following remark is worthy of note:—"Whenever I meet with a case of *unaccountable* chronicity I suspect that a syphilitic taint is in the background, and for my own part, I believe that syphilis is a modifier of disease in local inflammations to a greater extent than has yet been expressed in any writings. Syphilis does not give evidence of its presence in these skin affections until some strain is put upon the nutrition of the tissues, and then an explosion takes place." We have long held the latter opinion.

In Chapter VIII. the section on Urticaria is rewritten. On clinical grounds Dr. Fox discusses the disorder separately, accordingly as children or adults are affected, and he discards the term lichen urticatus, often applied to the form seen in children, and prefers that of U. papulosa, an affection due, he believes, most often to the attacks of bugs. Under the head of prognosis in some forms of urticaria in adults, we are somewhat surprised not to find an allusion to the fact that this malady is sometimes a precursor, or early accompaniment, of grave brain-changes leading to melancholia, sometimes with suicidal tendency.

Amongst the medicinal and other rashes, we find no mention of that produced by chloral hydrate, or by contact with paraffin oil and by aniline dyes.

Chapter IX. treats of plastic inflammation, and the complicated literature of the lichens is here reduced to limits that may nevertheless fairly satisfy the clinical observer. We need hardly say that Dr. Tilbury Fox will not hear of a lichenous stage of eczema, and we must leave Dr. McCall Anderson and the followers of Hebra to take him to task for the pertinacious tenure of his views upon this subject. Lichen planus is described as the limited or localised, and L. ruber as the general or exa gerated form of the disease. We are not, however, as yet prepared to agree to this. There is no doubt much to be said for this view, but we think that the former is altogether a milder disorder, and infinitely more amenable to soothing treatment than the latter. We are less fearful, too, than Dr. Fox, of the effects of pitch upon L. ruber, and, on the contrary, have seen the best results from its use.

Chapter X. is explicit as to eczema in all its phases, and is richly illustrated. Dr. Fox finds his opinion as to the catarrhal nature of the inflammation confirmed by Rindfleisch. He insists upon the early vesicular *stage* of all eczemas, and says—"although this is not often seen by the practitioner, for all that it does exist." We must not call this stage, or any other stage, a *variety*. For our part we must confess we have oscillated somewhat between the English and the German views, and even now are not quite prepared to ally ourselves with one side as decidedly against the other. We think we have seen initial non-vesicular forms of eczema; certainly we have found no other nosological niche for these cases. No one can read this chapter in the book without deriving much instruction. Fortunately the theoretical divergence of the schools leads to no difference in therapeutical methods.

Chapter XI., upon Bullous Diseases, contains good observations upon herpes (the value of flexile collodion as an application in zoster is not mentioned, by the way); and objection is made to the use of the term "hydroa" for a number of vesicular eruptions which Dr. Fox refers to forms of herpes iris and pemphigus pruriginosus.

Chapter XIII. deals with Squamous Disorders. The section on psoriasis is noteworthy. Dr. Fox finds the lin. picis co. (tar, spirit, and soft soap), in general, too irritating an application. We should be sorry to be debarred from the use of this "favourite" preparation, for we think we do much good with it. We entirely agree, however, with Dr. Tilbury Fox that, as a rule, and of late years particularly, German methods of treatment have been too readily accepted in this country; and we would venture further, and say that we think German teaching on all subjects is just now taken at an undue value; and we only wish that English observers would assert the results of their honest labour with a little more decision and dogmatism. Dr. Fox sets a good example in this respect.

In Chapter XIV., under the head of Diathetic Diseases, we have strumous, syphilitic, and leprous affections fully discussed. Lupus is now excluded from this list, and placed among the neoplasms. The section on Syphilis is much revised. Dr. Fox fails, we think, in a work of such pretension as his, to give sufficient credit to the labours of Mr. Jonathan Hutchinson for his valuable contributions to the clinical history of this scourge. Syphilitic dactylitis—a tertiary affection of the bones and fibrous investments of the fingers and toes—is described and figured with due acknowledgment to the American dermatologists who have written upon the subject.

In Chapter XV., on Hypertrophic and Atrophic Affections, we notice under the head of Xeroderma and Ichthyosis—which we are glad to see thus linked together,—that the author regards a case of unilateral papillary ichthyosis as very exceptional. We remember to have seen two similar cases ourselves as regards the asymmetry, though with unaffected gums, tongues, and teeth. Allusion might have been made with advantage to the careful study of a case, published by Dr. Hilton Fagge, in which some new histological facts were disclosed. Dr. Fox separates morphœa from scleroderma. It is doubtful, however, if this is altogether warrantable in the present state of our knowledge. We approve the division of keloid for the present into the true and the cicatricial varieties.

The chapter on Fibroma is much enlarged and profusely illustrated. A description of the African disease, ainhum, is given, with drawings.

We pass on to Chapter XX., on Parasitic Diseases. The ectozoic division is revised, and newly illustrated in parts: for instance, the mechanism of the bite of the louse is well depicted. On the subject of the *tineæ* Dr. Fox is content to be more than usually practical, but he illustrates it very fully. He is, he thinks, the solitary champion of the parasitic nature of T. decalvans. We are willing to be convinced of this theory, and await Dr. Fox's demonstrations from his next case; but we are bound to declare that we have never found a parasitic element ourselves, and we have only conversed with one or two dermatologists who believed they had done so.

Under the head of Glandular Disorders, in the last chapter, we have a new affection described—dysidrosis. This bears, we are told, the same relation to the sweat-follicles that acne does to the sebaceous glands, and yet it is neither sudamina nor miliaria. The follicles themselves are distended into vesicles by retained sweat. No pus and no crusting are met with, and the sequelæ resemble tinea circinata, or a scaly syphilide. The subjects of this affection are alleged never to be in good health.

The Glossarial Index is, as might be expected, somewhat increased, but we regret to find that the whole has not been more carefully revised. Many of the clerical errors that disfigured the second edition have been repeated, and there is in some instances a want of due regard to exactness in the derivations. For example, ἀλφός is not the Greek word for "white," but for a peculiar leprous patch on the face. Cheloid, again, affords an instance of doubtful derivation, and we have the synonyms *kelis* and *keloid* further on. For Alibert's disease we think that χηλή is the best derivation, but in any case we dislike pedantry. We certainly cannot for a moment entertain Dr. Fox's derivation of pterygium from *πτέρυξ and unguis*; neither do we see the value of two derivations for scabies and scabities; and we did not know before that *σύκωσις* was an adjective. We prefer τῆλε to *τέλειος* in the word *teleangeiectasis*; and we are satisfied with *vitium* as a root for *vitiligo*, without the alternative derivation from *vitulus*. Amongst clerical errors, and especially in the matter of accents, we may call attention to such words as *καρκίνωμα*, *κάρκινοι*, *ἀλφάς*, *ἥλιος*, *αἷμα*, *ἐρεύω*, *λέπτασις*, *Σάτυρος*, *σπάργωσις*, &c. Some such errors occur in the text and formulary: for example—*phthiriasis*, *cimex lectularius*, and *emplastræ*. At p. 93, excision is recommended in suppurating erysipelas. This is also the second year since "Mr." Paget was created a baronet.

Dr. Tilbury Fox as a writer is not free from some faults of style. The following sentence may not perhaps excite surprise when it is read in the United States of America, but we confess to having been somewhat startled by it: "I don't exhibit arsenic, because for the life of me I don't see the reason of giving it." Again Dr. Fox speaks of a "bad-hygiened subject." But these are matters of no great import in a large volume of rare excellence throughout. The author has taken great pains to include the latest researches in dermatology in this edition, and we can therefore unhesitatingly recommend the book to our readers. Without question it is now the most complete and practical work on cutaneous medicine in the English language. The ordinary student will find in it all that he can desire, and will only be led by its tone to wholesome methods and higher flights of research; while the practitioner will fall back upon its resources with satisfaction and with fresh resolves.

THE ROYAL COLLEGE OF SURGEONS.

PROFESSOR WILSON'S LECTURES.—No. I.

ON Friday, the 31st ult., Professor Wilson commenced his fourth course of lectures on Dermatology. The early portion of the first lecture was devoted to a short retrospect of previous lectures, and the latter to a description of the additions to the dermatological collection since the last session. The models, numbering a couple of dozen, made by Baretta, are of similar excellence to those already in the museum, and represented papular and vesicular scabies, lichen planus, papular erythema, urticaria, and various manifestations of cutaneous syphilis. Those who will take the trouble to examine these models carefully will observe that the College Professor has differed in his diagnosis from that of his French colleagues under whose care the original cases from which the models have been made were, and he has in several instances given fresh names in accordance with his new diagnoses. We must say we completely agree with Mr. Wilson. The model, regarded as an illustration of pityriasis rubra, is, in reality, one of lichen planus (Wilson), or lichen ruber of Hebra, and we are at a loss to understand how it came about that the physicians of the famous Hôpital St. Louis made such a blunder, unless it be that lichen planus does not occur (which we doubt) or is rare in France. One of the models, named *plaque syphilitique* by the French, simply illustrates a congeries of syphilitic tubercles in circular disposition. Another labeled by them non-syphilitic psoriasis is syphilitic; and, lastly, another styled lupus is clearly syphilitic in all its characters. These and other of the original designations of the models in the collection, as we have before

pointed out, do not enhance our respect for the present state of dermatological science in France. We think it is a good deal behindhand, and is specially lacking in regard of pathological considerations, and its professors know apparently little of the labours of foreign writers. Mr. Wilson mentioned, in speaking of the utility of these models in the whole collection, that they would materially assist the learner in making himself acquainted with the anatomical characters of cutaneous diseases, and that speedily, as most phases of the different skin diseases were brought under his notice by them at one time. Syphilis, for example, was illustrated by no less than eighty models. These models, further, would be of great use in refreshing the memory of those who had already studied skin diseases, but had become rusty, at the same time that they enabled the worker or observer to become acquainted with the features of the rarer forms of skin disease. Of course Mr. Wilson does not mean that skin disease can be *best* learnt in museums, since so much is to be learnt by touch, and actual observations in other respects upon the living subject, and in regard of diagnosis by taking into consideration the history, concomitants, the temperament, general aspect, and other appertainings of the patient. But still such an excellent collection as that now brought together in the College gives the learner at once facts about, and aspects of, disease that he would have to wait for a long time in practice or in hospital.

THE MOVEMENTS OF THE VOCAL CORDS IN THE PRODUCTION OF MUSICAL SOUNDS.

ON Thursday, the 30th ult., Mr. Emil Behnke, of Birmingham, delivered a lecture at University College on the above mentioned subject. The announcement of the lecture, made two or three days previously by Professors Sharpey and Burdon Sanderson, had the effect of securing a large audience of students and visitors, several of the latter being members of the musical profession.

After a few preliminary remarks, the lecturer introduced a large working model of the human larynx of his own invention. He then showed, and gave a minute description of the cricoid and thyroid cartilages, and also of the epiglottis. The action of the crico-thyroid muscles was then imitated, and shown to have the effect of increasing the distance between the fore part of the thyroid cartilage and the back of the cricoid, and, at the same time, of narrowing, and eventually closing the chink between these cartilages in front. One shield of the thyroid being removed, a view of the interior of the larynx, with the arytenoid cartilages and the vocal cords, was obtained. The action of the crico-thyroid muscles being repeated, the vocal cords were seen to become stretched, and to be again relaxed by the action of the thyro-arytenoid muscles. It was next pointed out that in a state of rest the arytenoid cartilages diverged, and that no musical sound could be produced unless they were approximated, and the two cords thus brought into the same direction and close together. A second model, showing a horizontal section of the arytenoid cartilages with the vocal cords attached, was then referred to. By means of string passing over pulleys, the arytenoid cartilages were made to turn on a vertical axis, and thus to increase the width of the glottis, thereby illustrating the action of the posterior crico-arytenoid muscles. The antagonistic lateral crico-arytenoid muscles were then made to act, and close the glottis by causing the arytenoid cartilages to turn in an opposite direction. The conditions for the production of the voice were now fulfilled, and the passage of air through the approximated vocal cords would make them vibrate and produce tone.

The registers of the voice and the various ways in which tones are produced were next considered. The registers of the voice are said to comprehend the chest voice, falsetto, and the head voice. The chest voice, which is the lowest, was said to consist of two portions, the lower and the upper. In singing in the lower register, the vocal cords are approximated for nearly the whole of their extent, but a small aperture remains between the arytenoid cartilages, and by the passage of air between them the cords are thrown into a full, loose vibration. In the upper register the small chink between the arytenoid cartilages disappears, but, as in the lower register, the cords vibrate through their whole width, the difference between the two consisting in the presence or absence of the posterior chink. If the scale be now ascended, a point is arrived at where it becomes impossible to sing chest notes, and falsetto must be employed. In this the arytenoid cartilages and the vocal cords are closely approximated, the latter vibrating only at their thin edge, and not through their whole width. In the so-called head voice the vocal cords are firmly closed at their posterior half, but an orifice exists at the anterior half, and the cords vibrate only at the thin edge of the anterior portion. It was explained that the mechanism of this is still doubtful, and has not yet been satisfactorily ascertained.

The third part of the subject was next discussed—viz., the gradations of tone. When the pitch of the note is heightened, the fore part of the thyroid cartilage may be felt to descend, and so diminish the size of the space between the thyroid and cricoid cartilages. There is a middle point in the chest register, so that when the pitch is lowered the fore part of the thyroid ascends, and when heightened it descends. From this it must be evident that tones are made to rise or fall by the vocal cords being stretched or relaxed, and it has been found, by carefully measuring them in the act of singing by means of a ruled mirror, that the difference in their length between the lowest and highest tones in chest voice is nearly one quarter of an inch. Whilst singing in this register the larynx is lowered, but rises in the change to the falsetto voice, in which the gradations of tone arise in exactly the same way, which, too, may be verified by again closely watching the chink between the cricoid and the thyroid cartilages. In the headvoice this process ceases, the pitch being lowered or raised by the alteration of the orifice in the anterior half of the cords. In speaking of the compass of voices, the lecturer remarked that by many it is erroneously imagined that the female voice is simply a reproduction of the male voice on a higher scale. The fact is, that the two overlap, the break between the chest and falsetto registers in both occurring exactly at the same pitch—i.e., on, or just above, F in the first space of the treble staff. It should be observed, however, that music for tenors is generally written an octave higher than it is sung; so that for this voice the place just mentioned would, as a rule, be marked on the fifth line of the treble staff. The lower part of the female voice, therefore, corresponds exactly with the upper part of the male, whereas the upper part of the former is entirely different from that of the latter.

In his work on "Human Physiology" (seventh edition, p. 791), Dr. Carpenter mentions as unusual the case of a gentleman who, with a bass voice, could reach the D above the bass clef, whilst his falsetto ranged from A on the highest line of the bass clef to E in the highest space of the treble clef, yet from want of gradual passage from one to the other he could sing only bass parts with his chest voice, or alto with his falsetto. This, the lecturer remarked, instead of being unusual, was really what existed in most, if not all, bass voices. By means of diagrams, the extent of the various registers was shown, and the terms chest voice, falsetto, and head voice were objected to, as wanting in scientific accuracy. The lecturer would replace them with the terms thick, thin, and small registers, which have already gained considerable acceptance.

Towards the close of the lecture, Mr. Behnke demonstrated the mechanism of the thick and thin registers on his own larynx to a large number of the students, but the exercise was found to be too fatiguing to allow of all present witnessing the movements of the cords.

NEW INFIRMARIES, HALIFAX UNION.

HAVING persistently advocated the principles that the sick poor in the workhouse infirmaries have a right to the same advantages of pure air, good baths, efficient ward arrangements, skilled nursing, sufficient and unfettered medical attendance, as are supplied to the inmates of the voluntary hospitals, we have looked with interest to the

adoption of our views by the guardians of the poor of England, and have had on many occasions to congratulate ourselves that our efforts have not been altogether in vain. We have had to notice with approval the improvements made in many union infirmaries since the Report of THE LANCET Commission, and now again we have the pleasure of knowing that the Halifax Board of Guardians have with a wise discretion and a true spirit of economy erected and opened new infirmaries for the accommodation of their sick poor. Our inspection of the plans of the building has led us to consider that the best use has been made of the limited amount of ground available.

The pavilion plan has been adopted in the construction of the infirmaries: one for the male sick, and another for the females, with detached lock and itch wards, and a fever hospital. Each patient in the infirmaries has 1026 feet, and in the fever hospital 1246 feet, of cubic space.

The baths and waterclosets are at the end of each ward, but separated from them by a small, well-ventilated corridor. Hot and cold water are laid on in the baths and lavatories. The bedsteads are of wood, with a lift. Each patient has a locker to hold chamber utensils and other necessaries. The mattresses are of hair, the coverlets being white. Between every two beds there is a partition formed by a wooden framework filled with crimson stuff, which relieves the blank appearance so often noticed in large wards, and affords privacy to a limited number.

The walls are painted in colour, with stencilled borders; the panellings in oak; pictures and texts are hung throughout, so that the *tout ensemble* is pleasing.

The medical officer's surgery is situated in a corridor between the infirmaries, and is well fitted up and supplied with drugs.

There is, however, a defective arrangement, owing to the want of room. The Fever Hospital is in close proximity to the infirmaries. Still, it seems that during the recent epidemic of small-pox it has done good service to the town, a large number of patients having been admitted, with a low mortality. On each side of the infirmaries are the imbecile wards, running at right angles, and accommodating on an average 130 patients. These wards are now in process of reconstruction, and, when completed, will form a very necessary adjunct to the new buildings. The male imbeciles have a good airing ground, bowling green, and amusements such as bagatelle, &c.; the females have a croquet ground, and are employed during the day in knitting, making dresses, caps, &c.

The total number of beds is—20 female and 20 male lock; fever hospital, 40 beds; general hospital, 140 beds. We should have ourselves preferred that the lock and itch wards had been separated from the administrative part of the building.

The medical charge of the institution devolves on one medical officer, who had at one time, out of a salary of £100, to find the drugs. But with a better state of things this anomaly has passed away. There is one paid nurse for each pavilion, one for the fever hospital, and one for each of the imbecile wards. Assistance in these duties is afforded by some of the inmates, who have an allowance for their services.

The wards are approached by a spacious, well-ventilated staircase. On one side of the staircase landing are the nurses' bed and sitting-rooms; also a kitchen fitted up with a Leamington range, &c., on each flight. The staircases are warmed by steam coals.

Each ward has an outside, well-protected balcony, where the patients can walk out. For paralysed cases chairs on wheels have been provided, similar to those in use at the West Riding Asylum. The drains surrounding the buildings are purified by a new system, patented by a Mr. Stott, of Stainland, which is said to act very well.

We congratulate the guardians on the humanity and intelligence they have displayed, and their example should be an incentive to other boards to improve their infirmaries. The Union hospital is in advance of a good many of those of other unions, and if we may judge from the note made in the visitor's book by the Member for Halifax, his inspection of the arrangements in the poorhouse of his native town was a source of no little satisfaction to him.

Foreign Gleanings.

SIMULATION OF DISEASE IN A SCROFULOUS PATIENT.

AT one of the recent meetings of the Société Médicale des Hôpitaux, Dr. Lallier related a curious case of the above, which he had observed in his wards at Hôpital St. Louis. The patient had been several times before admitted into the hospital. The last time she presented scrofulous flexions and abscesses of the gums, and there existed besides several pultaceous patches of stomatitis and swelling of the submaxillary glands. Shortly afterwards a vesicular eruption on several parts of the body, and on the soft palate, was observed. On careful examination, M. Lallier discovered the existence of various small bits of a blackish substance around the teeth, and, by the help of the microscope, they were found to be cantharides powder. The patient confessed that she had made use of bits of a blister plaster for the purpose of keeping up her disease. The chief feature of interest was the great difficulty of diagnosis, as the simulated disease had been grafted on a real strumous affection of the buccal mucous membrane. Such cases, according to M. Lallier, are frequently witnessed at St. Louis.

COMPLETE EXTIRPATION OF THE UTERUS IN A CASE OF INVERSION.

This case is published by Dr. Martino Barba in *Il Morgagni* of Naples. The patient, a woman aged twenty-five, had had two children at two years' interval. The first accouchement had been a good one, but the second labour was too rapid; inversio uteri took place, and all attempts at reducing the organ failed. Several attacks of hæmorrhage supervened; the slightest touch, sexual intercourse, or mental emotions, brought on flooding. The patient was reduced to a condition of emaciation, when Dr. Barba determined to remove the uterus, which he did, notwithstanding the risk of hæmorrhage, peritonitis, lesions of the intestines, &c. He was eminently successful. Hæmorrhage was easily stopped, scarcely any peritonitis occurred, and the patient left the wards entirely cured on the twenty-second day after the operation. Dr. Barba made use at first of Chassaignac's linear écraseur, and finished the operation with a metallic ligature. Examination of the specimen showed that the entire uterus had been removed with the exception of a very small portion of the os.

DIAGNOSIS AND TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.

In a paper published in the *Journal für Kinderkrankheiten* (7 and 8 Heft, 1872), Dr. Hertzka makes several important remarks on the above. He believes nocturnal incontinence of urine to be due to want of power of the compressing muscle of the urethra, whose contractions are excited equally by the will and by reflex actions. In respect to treatment, he especially advocates the use of the induced electric current, or in other words, galvanic excitement of the mucous membrane, through the rectum or bladder.

ETIOLOGY OF BRIGHT'S DISEASE.

Luschka has published in one of the recent numbers of Virchow's *Archiv f. Pathol. Anat.* a case in which œdema of the upper part of the body, marked renal hyperæmia of the kidneys, and the presence of albumen in the urine, had been caused by mechanical arrest of venous circulation. A rounded vegetation was discovered on the walls of the inferior vena cava, above the diaphragm. It penetrated into the right auricle by its upper extremity, and by its lower extremity it reduced the calibre of the inferior vena cava to a third of its original size. The tumour was slightly pedunculated and of a fibroid character.

THE PRESENCE OF HYPOXANTHIN IN THE MARROW OF BONES.

M. Heymann refers to the experiments of Salkowski, who showed that the marrow of the bones in leucæmia contained hypoxanthin, but left it an open question whether it was contained in normal bone. Heymann expressed the reddish juice from the ribs and sternum of a man who had committed suicide, and subjected it to a succession of chemical processes, with the result of obtaining clear evidence that hypoxanthin was normally present.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 8, 1873.

THE Medical Council is certainly an easy-going body. It is determined not to make any mistakes from acting in too much haste. The position of the question of conjoint examination is discreditable to the Council as a whole, and to a large number of the individual bodies of which it is the representative. For four or five years the evil of numerous rival and competing bodies has been exposed fully both to the public and the profession. A Committee of the Council itself, as long ago as 1869, suggested that "the Medical Council should endeavour to effect such combinations of the licensing bodies included in Schedule A of the Medical Act as may form a Conjoint Examining Board for each division of the kingdom, before which every person who desires a licence to practise should appear, and by whom he should be examined in all subjects." The Executive Committee of the Council, about the same time, referring to the possibility that such combinations might not be adopted on mere recommendation, represented to the Lord President that, in the opinion of many members of the Council, the Medical Act is deficient in not granting compulsory power to effect such amalgamations of examining boards as may seem desirable. Early in 1870 came, like a clap of thunder, the celebrated letter of Mr. SIMON, at the instance of the Lord President, intimating that no amendment of the Medical Act would be attempted by Her Majesty's Government which did not include a consolidation of the licensing authorities. The Council agreed to this proposal, and, against a characteristic minority of one, consisting of Sir DOMINIC CORRIGAN, passed the following resolution—"That this Council is of opinion that a Joint Examining Board should be formed in each division of the kingdom, &c." Then came the Medical Act of the Government, which failed because it refused to deal with the constitution of the Medical Council. In 1871 came the Medical Bills of THE LANCET and of the British Medical Association, which were withdrawn on the understanding that fair consideration should be given to them at a future time, if the bodies failed to effect that consolidation which everyone feels to be the only condition upon which their licensing functions can be continued much longer. In 1872 the whole year and the whole field was before the licensing bodies in the three divisions of the kingdom. There was a truce on all sides to give them a chance of doing that which they were committed to by every consideration of interest and consistency. The Council met in February, and received, not schemes, but apologies and explanations for the non-production of schemes. All the earnest promoters of consolidation of the examining bodies were disappointed—not to use a stronger word. But the Council is a congeries of glass houses bound to consider each other, and only mild resolutions of regret were passed, concluding with a hope that by the 1st of July, 1872, a scheme for Scotland and a scheme for Ireland, such as the Council could sanction, would be forthcoming. We are now in January, 1873, and are not much nearer the consummation of this hope than in February, 1872. Scotland has given the attempt up. And in Ireland, notwithstanding a more creditable approach to agreement, it cannot be said that a conjoint scheme such as the Council could sanction is accomplished.

So far the great discredit of all this inability to agree rests upon the individual bodies. But now the Council has made itself a party to this dillydallying behaviour, and must take the responsibility of doing so. It asked to have schemes last July, and the profession expected it to meet to receive or reject them. The year passed over without any further meeting. And now we learn that the Executive Committee has resolved that the Council shall not meet till March. This is very like shelving the whole question for another year. The Council knows that the Government cannot undertake medical legislation after that period, and it knows as well that there is no prospect of any decent system of conjoint boards being established without the pressure of legislation. The whole history of this matter is a proof of the unfitness of the Medical Council to deal with the question of admission to the medical profession. If the Government is really in earnest about the matter it should take it into its own hands, and end all this disgraceful suspense and delay in the interest of medical education and of the public.

AT the meeting of the Council convened by the Lord Mayor for the inauguration of the Hospital Sunday movement, Sir CHARLES TREVELYAN interposed with two resolutions which he had prepared, and which, if they had been adopted, would have placed the Council in a position of antagonism to all free hospitals, and would have pledged them to the opinion that hospitals should demand "a moderate rate of payment" from all who could not "prove themselves unable to pay." The impatience of the audience clearly showed how little sympathy was commanded by Sir CHARLES TREVELYAN'S views; and the Lord Mayor pointed out that to entertain the resolutions at all would be beyond the province of a Council which had been elected for the express purpose of extending aid to hospitals as they are now conducted. Mr. BRUDENELL CARTER, who said he felt sure he was expressing not only the sentiments of his own colleagues, but, with a very few exceptions, those of all the hospital physicians and surgeons in London, told the meeting that he dissented entirely from Sir CHARLES'S proposals, and believed that to carry them into effect would be injurious to the institutions and to the sick poor, as well as highly unpalatable to the medical officers. For the present, therefore, it seems likely that we shall hear little more of a scheme which so completely failed to commend itself to those to whom it was addressed. Sir CHARLES TREVELYAN, however, is the exponent of the views of a party that is influential, if numerically small; and he and those who think with him are strong in the strength of earnestness and good intentions. Moreover, they have given evidence of being well acquainted with the force of frequent repetition in the production of something that passes for opinion, and that may at least be

fairly called belief; and on all these grounds it seems desirable to consider the question that they have brought forward.

Hospitals subserve two great and widely different purposes: the relief of the sick poor, and the training of medical practitioners for the cure of the entire community, rich and poor alike. They fulfil both parts of their double function most completely, when they are situated in great centres of population, and when they are made available for the instruction of students. But every special hospital, every provincial hospital—nay, every cottage hospital,—trains its own staff, if they sincerely seek to use in a right spirit the advantages it affords them, and renders them more capable practitioners than they would have been without it, and therefore more valuable to those amongst whom they exercise their calling. When hospitals are maintained by the rich, for the free relief of the poor, they are readily officered by the *élite* of the profession, who thus, while deriving great benefits themselves, co-operate with the general body of the subscribers in the accomplishment of a charitable work. Hence they derive a status in the institutions which could never be maintained if they were the officers, not of a charity, but of a self-supporting institution. They would, in the latter case, become the servants of the patients, instead of being the almoners of the governors; and it would at no distant time become necessary that they should be servants who were paid, and paid inadequately. Now we believe that no good work was ever done continuously for inadequate payment. If we look around us at the actual medical practice carried on under such conditions, at the parish doctoring, the club doctoring, and even at the provident dispensaries, we shall be forced to acknowledge that much of it is essentially—shall we say second-rate? As a whole, the system rests upon a tripod of cursory examination, hasty diagnosis, and cheap physic. The penny a week of the dispensary, or the three farthings a case of the board of guardians, somehow serves to eliminate the element of personal honour from the transaction, and to reduce it to a commercial basis. Our hospitals are at least free from this reproach, and, except in the case of those out-patient departments that are overcrowded, they all do good professional work. As we have often stated, we would not permit any hospital to admit more out-patients than the staff can fairly treat; and then a principle of selection for the sake of teaching would come into play. We see no need for selecting the applicants. If twenty new patients are to be received daily, and forty apply, the first twenty are as likely to be suitable cases as the last. The medical officers may be trusted to weed out those not likely to receive benefit, or to retain only such of them as are required for the instruction of students; and, by reducing the old cases in this way, they might increase the number of new admissions. If the average daily number of applicants were twice that which could be received, a case would be made out for increasing the staff and for enlarging the out-patient department.

With regard to the selection of patients with reference to their pecuniary means, we do not believe in the value of the process. The benefit, all told, would not pay for the organisation necessary to obtain it. The game would not be worth the candle; the string, to return to a former illustration, would not be worth the time spent in untying the knots. That there are knots we fully admit; but we do not admit that they are either so numerous or so important as they are said to be. Sir CHARLES TREVELYAN'S stock statement, that hospitals are sources of demoralisation and pauperism, is one that we entirely disbelieve. It is like the common saying, that drunkenness is the most frequent source of crime. It is undoubtedly a frequent source of criminal acts, because it diminishes prudence and self-restraint; but the drunkenness itself usually springs from the criminal mind, the desire for good things without the desire to labour for them. Sickness is a frequent cause, or at least a frequent immediate precursor, of demoralisation and pauperism; and the sick person of feeble self-reliance may perhaps go to a hospital sooner than another of the same station in life. But the popularity of our hospitals among the sick depends really upon the men who officer them; and under a system of payment men of the same class could not be obtained.

In the selection of patients according to circumstances, again, we should be met by the enormous difficulty of determining what would constitute fitness where no two cases would be alike. We have said already that the out-patient departments are useless to the necessitous poor, and are not intended for them (using the qualifying word "necessitous," of course, to signify want of the common necessaries of life). They are intended for a class above pauperism, able to supply themselves with necessaries of ordinary kinds, but not with skilled medical attendance. By any who have read Dr. GLOVER'S masterly letters in *The Times*, no further proof of the impossibility of defining this class by rules can be required. And the work of selection, if undertaken, would be inevitably imposed upon some clerk receiving £70 a year, and bringing to his duties the amount of tact and discretion which such a salary would command.

How to deal with the victims to dipsomania is a question which has lately agitated the French Chamber, and which, if the congress at Edinburgh the other day effects its purpose, will soon engage our own. In truth, legislative interference in regard to the phenomenon cannot begin too early. At once the expression and the cause of illimitable social misery, it appeals for consideration to the body politic in general and to the members of every liberal calling in particular. The Church must confess that her precept has failed to arrest the diffusion of an evil whose existence she has ever had to cope with. The Bar, conscious that nine-tenths of the criminality which comes before it for conviction arise from drink, admits ruefully its failure to deter from the indulgence. Our own profession sees in intemperance the "Proteus of pathology," and yet is unable to control it. Nor can it be said that the phenomenon is so exceptionally pronounced among ourselves as to present difficulties in dealing with it unknown elsewhere. "They manage the thing no better in France," where legislative interference has been for some time suspended in order to collate the practice of other countries. America has had it so forced on her attention as to legislate vigorously, if not prematurely, for its repression. Everywhere it is engaging

the attention of the sanitary publicist; and, in particular, a member of Parliament, who has also been an active member of our own profession, has repeatedly brought it under the notice of the Legislature. Mr. DALRYMPLE'S Bill has now been for some time before the country, and the tenor of opinion, professional or lay, in regard to its provisions, is in the main favourable. It has stood the test of criticism as, on the whole, the most reasonable and presumably efficacious mode of dealing with the dipsomaniac difficulty as could be devised; and, accordingly, the efforts of all philanthropists should combine to put it in working order without delay.

One decided step in advance is the provision by which dipsomaniacs may voluntarily place themselves under detention. These cases are the most hopeful, and every facility should be afforded for their treatment. In America they are the most numerous class detained in dipsomaniac asylums; and experience has already shown, in the shape of applications addressed to our profession, that here also they would be the most numerous class.

The difficulties of legislation begin with the non-voluntary admissions into dipsomaniac asylums. In the first place, there is the definition of an "habitual drunkard"; and Mr. DALRYMPLE has classified him as one who through intemperance is dangerous to himself or others, or incapable of managing his affairs. Excessive minuteness of definition has here, we think, been judiciously avoided. In the next place, an "habitual drunkard" shall be one who has been convicted by a Court of summary jurisdiction a certain number of times within a certain period of some offence of which drunkenness forms a part. The precise number of times within a stated period must be settled after discussion in Parliament. The ground thus being cleared, the next question is as to the reception-houses for drunkards and the maximum period of their detention. With regard to the first point, provision will be made that the "habitual drunkard" is not confined in a lunatic asylum to associate with the epileptic or the intellectually deranged; while, as to the second, Mr. DALRYMPLE, after, or rather because of, the discussion it has provoked, is still compelled to leave it open to the decision of Parliament. No hard and fast line can be drawn as to the period at which detention will prove efficacious in weaning the patient from his habits. Indeed the period should be regulated by visitation at stated intervals by medical and legal witnesses, who should decide as to whether the patient be in a fit state to be set at liberty. The conjunction of the lawyer with the physician we think an advisable one, lessening as it would the risk of premature or tardy decision. In fact, the two should be combined from the first in committing the patient, and actions for unwarrantable detention would be of rarer occurrence. There is always danger of spiteful or vindictive persons disputing the medical man's certificate of committal; and, even where the attempt fails, the medical man is sure to have suffered more or less.

An industrial asylum is, doubtless, the best adapted for reclaiming the drunkard to regular habits, and we hope it will receive, under Government sanction, a fair trial. Something like the *maisons de santé* in France might be adopted here. Compulsion is, of course, the crux with which the superintendent of such an institution will have to encounter—patients proving recalcitrant and insubordinate. All that is asked, however, is to arm him with powers to enforce labour for a certain period, prescribed as probably efficacious; and we doubt not that, in the majority of cases, discipline will not only not be abused, but prove salutary. In all respects, as our readers already perceive, the question of habitual drunkenness is one beset with difficulties—difficulties, however, which in process of time cannot fail to yield to enlightened co-operation and to persevering skill.

THAT the diagnosis of real from apparent death is surrounded by many difficulties is taught by the history of all times. Many instances have occurred where there has been reason to suppose, from the altered position of the body, that burial has taken place before life was extinct; and many more where persons in the last stages of chronic disease, in the collapse of cholera, in narcotism from opium, or in states of catalepsy and trance, have been laid out, yet who have recovered in time to save themselves from interment. In such cases the usual signs of death are present, yet life is not extinct. The pulse and respiration may be imperceptible, the sounds of the heart may not be heard nor its movements felt, the temperature may fall, the muscles become rigid, the eye become flaccid, the pupil fixed and insensitive to light, and the fingers may be opaque when held against the light,—and yet the failing vital powers may again, by appropriate means, be called into activity. We recently gave an ingenious method of recognising the occurrence of death, which has the advantage of being generally applicable even by the most unlearned, and which consists in tying a thread round the finger, and observing whether the distal part swells and becomes livid, as it would do if any arterial circulation persists.

Professor ROSENTHAL has recently been engaged in researches made with a view of determining the post-mortem duration of the electrical excitability of the muscles and nerves; which, though requiring special knowledge and instruments, yet seems to be a very satisfactory mode of distinguishing between real and apparent death. His experiments were made upon upwards of twenty subjects who had died from the most diverse kinds of disease—as tuberculosis, pneumonia, apoplexy, meningitis, typhus fever, amputation, and alcoholic intoxication. The stimulus employed was either the induced current excited by a primary battery of from thirty to forty SIEMEN'S elements, or a continuous current with about the same battery power, the electrodes being plunged into the muscle. The results at which he arrived, and which are given in the volume just issued of STRICKER'S *Medizinische Jahrbücher* for 1872, are, first, the corroboration of the already generally known fact that the excitability of nerve and muscle, both for faradaic and for continuous currents, is maintained at the moment of death and for some time afterwards. As a general rule, the post-mortem electrical excitability is abolished in from one and a half to three hours after death, disappearing more rapidly in those who have died from chronic than from acute disease, and in the emaciated bodies of confirmed valetudinarians than in those who have been struck down in the full vigour

of health. The reaction of the muscles to both faradaic and galvanic electricity appears to die out in a centrifugal direction, but lasts somewhat longer than that of the nerves. The orbicularis palpebrarum, amongst the muscles of the face, is the last to lose its irritability, especially with the ascending current. When the muscles have ceased to respond to percutaneous irritation, powerful contractions can still be excited by plunging the electrodes into their substance. ROSENTHAL'S observations show clearly that in real death there is a steady declension and abolition of the electrical excitability of nerve and muscle within three hours, even when the temperature has scarcely fallen below that existing at the time of death, and when the flexibility of the joints is almost perfectly preserved; in other words, that the absence of electrical excitability in the muscles is an unequivocal sign of complete somatic death, when the retention of other characters might render it in some measure doubtful.

Medical Annotations.

"Ne quid nimis."

THE DEATH UNDER NITROUS OXIDE.

VARIOUS hypotheses have been advanced by which to account for the death that has recently occurred at Exeter from the inhalation of nitrous oxide gas. The object of most of these conjectures is to prove that the death was not from the gas, but from some other accident that would have led to the same result had the gas not been administered. It has been urged that the death occurred from the falling back of the tongue, but against this is the fact that the patient continued to breathe while the tongue protruded from the mouth. It has been urged that suffocation was induced by the flow of blood into the glottis; but in the evidence supplied at the inquest there was not given one symptom to support such a view—no sign whatever of reflex action, no spasmodic cough, no retching, no throat râle, and evidently no appearance to the operator of mechanical choking from blood. It has been suggested that the patient had, in health, an obstructed nasal passage; but no such observation was made at the inquest by her medical attendant, and if it had been, it were of little moment, for there is no difficulty in breathing any respirable gas or vapour by the mouth; and, indeed, to begin to breathe deeply by the mouth when there is a difficulty is the common, we had almost said intuitive, act. It has been also suggested that cerebral hæmorrhage was the cause of death, but if it were so, the hæmorrhage was consequent upon the inhalation; and the same remark applies to two other suggestions—viz., that there was failure of the right side of the heart, or paralysis of the glottis.

To advert to these speculations at greater length were fruitless; they show mere bent of argument. Had the lady who died under nitrous oxide died under the administration of chloroform or methylene, these facile excuses for the anæsthetic would hardly have been permitted; it would have been accepted at once as too true a reason that whatever was the immediate cause of the fatal catastrophe, it was connected with the use of the narcotic agent. We ourselves do not for a moment contend that, had an anæsthetic been used instead of nitrous oxide gas, the patient would have still been alive; but we are none the less urgent on that account in resisting the erroneous idea that, whenever a death occurs under nitrous oxide, we are to specially exonerate the agent, and strain to account for the event by the suggestion of some coincident and entirely independent cause.

THE PUBLIC HEALTH ACT IN WILTSHIRE.

A MEETING of delegates from the urban and rural sanitary authorities of North Wilts was recently held at Chippenham, for the purpose of conferring with the Local Government inspector, Mr. Longe, in reference to the appointment of medical officers of health. The inspector advocated the appointment of one medical officer of health for the entire northern division of the county, which comprises nine unions, with a population of 144,000, distributed for the most part in small and widely scattered groups over about 660 square miles of area. Under this one medical officer it was proposed that there should be inspectors of nuisances appointed in every union, to supply him with the local information necessary for the discharge of his duties: these nuisance inspectors Mr. Longe hoped would be "efficient men who would be paid liberal salaries." As for the district medical officers, they did not in the least enter into the inspector's scheme. He saw no objection, if any union wished to employ them, to their being asked to supply certain information, and having "something small" given them for their trouble. And not satisfied with thus coolly shunting the district medical officers, Mr. Longe seemed bent on depreciating them to the utmost in the estimation of his audience. If, contrary to his advice, it was preferred to appoint the district officers health officers in their respective unions, he did not scruple to suggest that their work "would be indifferently done"; he thought it probable that "a lot of medical officers about an inspector" of nuisances would "harass and crush" that functionary; he harped a good deal on the old string about the assumed (for, as of general application, it is an assumption merely) inevitable sacrifice of public duty to fear of injuring private practice—a point on which we regret to observe that he was countenanced by two medical men; and ended by following a speaker, who had advocated the employment of the district medical officers as being the most competent judges of local insanitary conditions, with the observation, that he "did not see why inspectors of nuisances were not as good as medical officers."

The inspector appears to have been under the influence of a single idea throughout this conference—namely, that the whole subject resolved itself simply into a question of economy—such economy, we mean, as would be most likely to commend itself to any average guardian before him, involving nothing more than the consideration of the means by which a given statutory requirement could be complied with at the smallest initial cost. Thus, according to Mr. Longe, a first-class medical officer could be obtained for the group of nine unions in North Wilts at a salary of £600 a year, with an allowance of £200 for travelling expenses; while, in contrast with this modest sum, he told his hearers that, supposing only £50 a year were paid to each of the thirty-six medical officers in those unions, a sum of £2200 would be absorbed—rather a shaky exhibition of arithmetic by the way, and one which we hope the Wiltshire farmers at once mentally corrected. Doubts were expressed about the possibility of getting a "first-class" medical officer for £800 a year, one speaker remarking that it would cost him nearer £1000 than £200 for travelling expenses; but the inspector, while admitting that exceptional cases might arise in which additional expenses ought to be allowed, stuck to his £800. His ideas about the amount of personal inspection to be done by the medical officer of health are evidently not very matured; they were, in fact, much less advanced than those of other speakers, who suggested the

possible concurrence of epidemic outbreaks at extreme parts of the divisional area, which he met by observing that he was "loth to anticipate the occurrence of such a combination of misfortune."

But, without going further into details, it must suffice for us to say that the discussion which took place at this meeting, so far as we may rely upon what seems a fair report of it in the *Devizes Gazette*, only adds strength to our conviction that if the Public Health Act of 1872 ever gets to work effectively throughout the country, it will be in the teeth of rather than by the aid of the inspectors who have been sent abroad to advise the local authorities how to proceed. Evidently Mr. Longe's advocacy of his scheme for North Wilts was not altogether convincing, for a resolution affirming as a general principle the desirability of appointing one medical officer for several adjoining unions was only carried, against an amendment in favour of appointing local medical men in the districts of the several unions as health officers, by nineteen to thirteen votes.

Probably it occurred to many of the delegates assembled that, as the Public Health Act left it to the discretion of the local authorities whether they would act singly or combine in the appointment of health officers, it was hardly the thing for them to be threatened with having "a central officer imposed upon them," or with being "marked districts" to be "well looked after," in case they happened to differ from the inspector as to the best way of providing for their local requirements under the Act.

VENTILATION OF SHIPS.

A PAPER on this interesting and very important subject, presented by Dr. Rattray, R.N., was read at the meeting of the Medico-Chirurgical Society on Jan. 14th. The usual abstract and an account of the discussion which followed were published recently, and we can therefore use them in quotation, and may at once express our surprise at some of the statements made. Is it possible that even in the "deeper parts," or the "innermost parts" (wherever they may be), of any of Her Majesty's ships 33 volumes of carbonic acid in the 1000 exist. Parkes tells us that carbonic acid "produces fatal results when the amount reaches from 50 to 100 per 1000 volumes; and at an amount much below this, 15 or 20 per 1000, it produces, in some persons at any rate, severe headache." Angus Smith finds "that 30 vols. per 1000 caused great feebleness of the circulation, with, usually, slowness of the heart's action; the respirations were, on the contrary, quickened, but were sometimes gasping." Are these "deeper" and "innermost" parts supposed to be habitable? And, if so, how about the physique of our fighting men, more especially as we are told that ammonia from the urine, sulphuretted hydrogen and sulphide of ammonia from the bilge, and other noxious matters, solid and gaseous, are all constantly rising to intensify the mischief. This state of things demands the immediate attention of the authorities, for if the atmosphere on board H.M.S. *Bristol* is a fair example of that carried in other Queen's ships, manual aid afloat will be worth very little, and automatic apparatus for the Woolwich infants and the Monitors that contain them had better be designed forthwith.

But having described graphically the "situation," the author does not appear to have suggested any remedy. Mr. Brudenell Carter described Thiers's automatic plan of ship-ventilation, which has already received favourable notice at the Admiralty, and is likely to be extensively adopted in the ships of this country. The system of the late Dr. Edmonds, R.N., is well known among officers of the Royal Navy, and all in Anglo-Indian troop-ships are fitted with his apparatus, which is said to work fairly well. Special and separate systems are being fitted on board H.M. Monitor ships *Glatton* and *Devastation*. There are plans by M'Kinnell and Boyle; and the steamships of the Peninsular and Oriental Company, as well as those of the Royal Mail Company, have all peculiarities worthy of attention. And as the emigration business has now assumed gigantic proportions, the ventilation question has acquired special interest, and many useful items of information may be gleaned by a survey of the Liverpool vessels. It is strange, therefore, that the author of the paper above quoted failed to give the Society any remedial suggestions except the "stove in the hold" (communicating, we suppose, with the smoke stack or galley fire)—a plan introduced by a Mr. Sutton more than a century ago. We are told, however, that "the current of air passing up it was sufficient." Then why the foul atmosphere above described?

THE STRUCTURE OF THE WHITE BLOOD-CORPUSCLE.

DR. G. RICHARDSON, Lecturer on Pathological Anatomy in the University of Pennsylvania, and Microscopist to the Pennsylvania Hospital, in the reprint of a paper from the Transactions of the American Medical Association, discusses the nature of the white blood-globules, and their relation to those of pus and mucus. Dr. Richardson, as the result of some previous researches, advanced the opinion that the salivary corpuscles were in reality migrating white blood-corpuscles that have become distended by endosmosis of the salivary fluid. After giving a concise *résumé* of the information acquired within the last few years by the labours of German histologists especially, the author proceeds to say that Stricker and Rollet do not accept the existence of a distinct cell-wall in the white blood-globule as proven; that they consider the laws according to which leucocytes take up fluids as unknown, though probably attributable to diffusion in part; and that the molecular or "dancing" movement in the salivary corpuscles differs from that seen in colourless blood, pus, and other corpuscles, in that those movements cease in the former, but continue in the latter, on the addition of a half to one per cent. solution of common salt. The object of Dr. Richardson's experiments—six in number—is the further elucidation of these three points; and the following additions, he considers, have been made to the information already derived from German and English histologists. The white blood-corpuscle is a cell composed of, in the first place, a nucleus (or nuclei) which possesses the power of independent amœboid movement, and is insoluble in water, but capable of slowly imbibing that fluid until swollen to nearly double its normal size. The cell-wall of the corpuscle is a membranous envelope, insoluble in water, even when boiling, too thin to exhibit a double contour with a magnifying power of 1200 diameters, but firm enough to restrict the movement of its contained granules within its limits. Its exterior is adhesive, so that surfaces or particles coming in contact are liable to become attached. Some of the phenomena observed would lead to the supposition that this membrane is dotted with minute pores, which permit delicate threads of the soft protoplasm it incloses to be extruded. The laws by which leucocytes take up and part with fluid seem to be simply those of the dialysis of liquids through animal membranes by endosmosis and exosmosis, as investigated by Graham in 1855. The structure of the particles existing in the protoplasm, and exhibiting dancing motions when the latter undergoes dilution, is yet undetermined, although the movement is probably merely a molecular one; and some of the particles, at least, are minute granulated fatty matter. In regard to any difference of their motion in the salivary bodies, Dr. Richardson's experiments, as detailed by him, are opposed to the assertions of

Stricker and Pflüger; for, contrary to the views of these histologists, no essential difference exists in the effects of salt solutions of various strengths upon the salivary, pus, and white blood-corpuscles. From this circumstance, in conjunction with the fact discovered during one of his experiments, that the salivary globules, when acted upon by the denser saline liquid, contract to the size of the blood-leucocytes, and manifest amœboid movements, the author concludes that the corpuscles of the saliva are "migrating" white blood-globules, which, "wandering out" into the oral cavity, have become distended by the endosmosis of the rarer fluid in which they float. Lastly, our author thinks it possible that further investigation of the revolving motion sometimes (not always) produced by a solution of ferrocyanide of potassium in the white blood-corpuscles may throw light upon the curious rotatory movement in the cells of certain plants, which has for a long time been deemed inexplicable, and by a late writer is attributed to the presence of cilia upon the inner surface of the cell-wall.

HISTORICAL ITEMS.

THE third report of the Royal Commission on Historical Manuscripts recently published does not contain much information likely to interest medical *literati*. The following episode, however, deserves recording, as it relates to the practice of a Coroner's Court 300 years ago, and also to the Worshipful Company of Barber-Surgeons. At an inquest held before Jon. Chakhill, Coroner for Middlesex, on the 29th of March, 1596, respecting the death of Henry Dennye, it appeared that a barber-surgeon could not "undertake any cure when there is any danger of death or maim without the sight and understanding of the master and wardens of the Company, or some of them." This Henry Dennye had been severely wounded in the throat in an encounter with William Percy, a brother of the Earl of Northumberland (and probably a friend and co-conspirator of Catesby). After the wound healed, the patient (who appears to have been a brave and generous youth, being more solicitous about his antagonist's safety than his own condition) was seized with a fever, from which he died. The post-mortem examination revealed "a collection of humours on the brain"; and the following quaint verdict was given:—"The jury find that, being lately recovered from a wound, ... and then falling sick of an ague, he became senseless by reason of the same sickness, and by the visitation of God died." The other scrap of information in the manuscripts bearing on the "healing art" is a short notice of Mr. Cornelius Jackson, who, a few years after the last occurrence, was arraigned for having "practized surgerie contrairie to the lawe, beinge never an apprentice." Mr. Jackson was clearly born too soon; in the present year of grace he would have waxed fat and flourished in spite and defiance of the medical corporations. No student of the medical aspects of our great State trials can fail to be struck with the amount of surgical knowledge sometimes exhibited by lay witnesses. Thus, at the inquest on the body of Sir Edmondbury Godfrey found dead in a ditch near Primrose-hill, a courtier named Lazenby gave evidence on the hypothesis of strangulation, some portions of which would have done no discredit to Esquirol or a surgical "expert" of the present day.

We are bound to add, however, that the Faculty, on the contrary, sometimes displayed a lamentable ignorance of the most elementary conditions of their art. A manuscript letter published some years ago, and commented upon (if we remember aright) in *All the Year Round*, bearing on the death of Charles II., showed how the king, on his death-bed, being advised to "purge and let blood," called upon his surgeon, Peirce, to perform the operation of bleeding. Mr. Peirce, sad to say, made three or four incisions before he stumbled on a vein, and was afterwards accused of malpraxis. In connexion with this last matter, we may observe, *en parenthèse*, that Mistress Nell was the only person at the palace who appeared to suffer any unselfish grief at the death of the "merrie monarch."

THE PROFESSORSHIP OF ANATOMY AND SURGERY AT DUBLIN UNIVERSITY.

A "VISITATION" of Trinity College, Dublin, consisting of Sir Joseph Napier, Vice-Chancellor, and Dr. Battersby, as deputy for the Archbishop of Dublin, on Monday last commenced its inquiries into the complaints of Dr. McDowel, whose case may be briefly stated as follows:—In 1858 Dr. McDowel was elected University Professor of Anatomy and Surgery, the stipend attached to this office being fixed at £200 a year, together with the students' fees for lectures and portions of the fees for dissections. In 1865 he was a second time elected for a term of seven years. Three years later the Board passed a resolution that no professor of the University Medical School should hold any hospital appointment except at Sir Patrick Dun's Hospital, this institution being intimately connected with the medical school. In 1869 a charge of irregularity in attendance at Sir Patrick Dun's Hospital was brought against Dr. McDowel, when he was dismissed, and another gentleman appointed in his place, the Board refusing to grant the investigation which he urgently demanded. In 1872, his seven years' term at the University having expired, he was again re-elected, but the Board created a new professorship of Comparative Anatomy, thus dividing the duties and emoluments of the office. Dr. McDowel was also asked to resign his appointments at the Hardwicke and Whitworth Hospitals, and to deliver lectures on Chemistry at Sir Patrick Dun's Hospital. Dr. McDowel now charges the Board with having exceeded their duties and rights in imposing such terms upon him. The proceedings are likely to last some days.

RAILWAY CARS FOR PATIENTS.

SOME ten years ago we opened our columns to the report of a Commission on Railway Travelling and its sanitary consequences, prominent among which were demonstrated the evil effects of long-continued vibration on passengers sitting up all night in a constrained posture. Those evils were proved to be, of course, intenser in proportion to the length of the journey, and to the hours—those of the night rather than of the day—during which it was prosecuted. They were also shown to affect invalids most prejudicially, so as absolutely to contra-indicate railway travelling in many instances in which change of scene or air would have been advantageous or even imperative. We are glad to see that, in their own interests as well as in those of the public, certain companies have adopted the practice, long in vogue in Russia and America, of providing sleeping-cars. A specimen of these, furnished by Mr. Ashbury, of Manchester, has been inspected and approved by the North British Railway Company; and in a short time the tedious, trying, not to say prejudicial, experience of the passenger between London and Edinburgh will cease to deter the weak and to task the strong. The resources of Mr. Ashbury's carriage include other requisites besides sleeping accommodation; and, thanks to a lavatory and its furniture, the passenger will no longer be subjected to the inconvenience or incur the dangers which in too many cases were found inseparable from railway travelling. Sleeping-cars will come to be used for even shorter distances than between London and the far north, and in the case of persons whom a prolonged journey, under existing arrangements, would bring to the terminus, not of the line only, but of life.

SOCIAL SCIENCE ASSOCIATION.

A VERY practical kind of paper was read at the above Association on Monday, January 20th, by Mr. John Liddle, medical officer of health for Whitechapel. The author took as his text the defects in the sanitary provisions of the Building Act, with the view of furnishing suggestions for their amendment. Mr. Liddle had already brought this matter under the notice of the Association of the Metropolitan Medical Officers of Health, and had demonstrated how, in numerous instances, the sanitary provisions of the 29th section of the Act, in the Whitechapel district, had been evaded in spirit, if not in letter. In the paper now under consideration he pointed out twelve examples of defects in the sanitary provisions of the Act. As illustrative of some amendments suggested by him, we may cite the following, some of them being obvious enough:—That no house in any new street shall be occupied unless a street sewer has been constructed, and a communication made from the house to the sewer by a properly constructed and ventilated drain, and the surface drainage in the vicinity of the house has been properly provided for. That plans of the drainage and sanitary arrangements of a house shall be submitted for approval to a local board before the building of a new house is commenced; and that power be given to the surveyor of the local board to inspect and report upon the site and building materials employed in the erection of a house. That it be compulsory upon every builder to provide a separate watercloset and ashpit for each house. The remaining suggestions relate to the proper ventilation of streets, alleys, courts, and houses; provisions against damp; and others for the maintenance of mere decency as much as that of health. In the Whitechapel district some of the houses, for instance, are so constructed that the tenants of one room are compelled to convey through their neighbour's room everything intended for the latrine or drain in the back-yard. In cases of epidemic or contagious disease, it is obvious that such a proceeding is admirably adapted to the spread of infection. The author pressed upon the Association the desirability of forming a deputation to the Local Government Board, and urging upon its notice the necessity of the Government bringing in such a Bill as will effectually prevent the further erection of unhealthy houses. So long as residences unfit for habitation are allowed to be built, the labours of sanitary officers will be of comparatively little avail, and the preventable diseases will be preventable only in name.

THE KAHN COMMUNITY.

AT last there seems to be some hope that the end of a notorious museum is at hand. Years have elapsed since we first drew public attention to this exhibition, with all its concomitants, in the hope that something might be done in the way of its repression. Spite of repeated assaults, however, it continued to survive, until it became one of the most familiar as it was one of the most prominent features of a London thoroughfare. When the history of this age comes to be written, some of its social aspects will be regarded with no little curiosity. It will be recorded that for years the metropolis of one of the most civilised nations of the world—a nation which, at all events, is not behind others in its reverence for religion or its outward show of respect for morality and public decorum—allowed a demoralising exhibition to be paraded in the full glare of public notice. No doubt there were other exhibitions of a kindred character, but none occupied a position of such prominence. Nor is this all, for we learn from the late proceedings before the Deputy Recorder at the Central Criminal Court, in connexion with this museum, that as many as 30,000 copies of a popular publication had been sold in a year, the disgusting character of which was such that the jury peremptorily stopped the counsel for the prosecution whilst engaged in reading passages from it. Mr. Besley stated that as many as 8700 copies had been seized on the premises. Mr. James R. Lane was called by the prosecution; and Mr. Erichsen and Mr. Berkeley Hill were also in court, prepared to give evidence as to the pernicious and disgusting character of the book. Most of us are only too familiar with pamphlets of the kind. The object of their authors is to terrorise, and, by familiarising the mind with their abominable statements, they frequently succeed in sapping the morals, pillaging the pockets, and wrecking the happiness of their victims.

The Society for the Suppression of Vice deserves the thanks of all decent people for its raid on these places and publications. A verdict of Guilty against the three defendants at the Deputy-Recorder's Court has dealt a heavy blow where a heavy blow was never more required in the interests of public morality, and we trust that the police will see to the carrying out of Mr. Serjeant Ballantine's promise—viz., "that his clients would undertake to suppress the place."

On going to press, we learn that the defendants have been convicted and bound over in heavy recognisances to come up to receive judgment when called upon.

FLOATING SWIMMING BATHS.

ALTHOUGH the present is not by any means the season for cold bathing, we are very glad to observe that people are bestirring themselves as to the desirability of constructing floating baths. Perhaps we may have some scheme of the kind carried into execution on the Thames by next summer, now that the question has been brought before the Court of Common Council. We have long advocated a measure of this kind. Nothing can be done apparently without first of all forming a company, and it was understood that some years ago a company was in process of formation for supplying the Thames with baths similar to those with which our readers are doubtless familiar on the Seine; but the Thames Conservancy Board refused permission for their being moored in various parts of the river. Messrs. Fraser, Kennard, and Buck, the authors of the designs before the Corporation of London, very properly suggest that this institution should not be limited to the Thames, but extended to any other running stream in the vicinity of a large town, and even to the ornamental waters of our parks. Boys might then be taught swimming without the imminent risk of being drowned or taken up by the police; and the people of this country would have a better chance of realising the luxury of a bath, and the pleasantness, as well as the healthiness, of cleanliness—a matter in which we are frightfully behind Eastern nations. Moreover, in the case of ornamental waters, there is no reason why filtering media should not be employed for the purpose of purifying the stream.

DEATH REGISTRATION IN JERSEY.

M. LE DÉPUTÉ WESTAWAY has taken the preliminary steps to bring a Bill into the Legislative Assembly of Jersey requiring a medical certificate of the cause of death, to be produced as a part of the registration of death. It is highly creditable that this movement has originated in a petition signed by nearly the whole of the medical men of Jersey. The medical practitioners will be compelled, should the proposals of Deputy Westaway become law, to give a certificate of the cause, in each case, of death. It is not often that a body of men petition for a course of legislation en-

tailing trouble and responsibility without remuneration, and even a fine if the law is not complied with. But this is sometimes the duty of the medical profession as one having to deal with questions of great public importance, very imperfectly appreciated by the public. It is gratifying to see a recognition of the disinterestedness of the profession by the press of the island. For all this, there is nothing to prevent the States attaching a small fee to the giving of a death certificate. However this may be settled, we do hope that no time will be lost in carrying out this important piece of legislation. It will be a poor return to the profession to treat their petition with delay or indifference. The report of our Commissioner in September brought to light much unhealthiness in the island, and especially in St. Heliers, where the death-rate is no less than 26·30 per 1000. Our Commissioner also exposed the monstrously loose way in which death is registered. It is clear that the first step to the island enjoying that degree of health which its situation favours is to clearly ascertain what are the prevalent causes of death. We have little doubt that the proper certification of death will show that the undue mortality is owing chiefly to preventable causes. Meantime, we are happy to see indications that our Commissioner's report is likely to bear good fruit. Jersey cannot afford to have a reputation for high mortality.

ROYAL COLLEGE OF PHYSICIANS.

AT a meeting of the College, held on Thursday, the 30th ult., a report of the Council upon the mode of nomination to the Fellowship was presented. The gist of the report, which, on the motion of Dr. Stewart, was ordered to be printed and circulated amongst the Fellows prior to its full discussion at the next meeting of the College, was this—that an early reminder should be sent to the Fellows before each time of election, intimating the desire of the Council for information as regards the special claims of Members to the coveted honour of Fellowship; and that the number of councillors requisite to form a quorum at the meeting of Council at which the nomination list is prepared should be raised to 15 instead of 10 as heretofore, the number of votes (10) required to place the candidate on the nomination list of the Council remaining the same.

THE VALUE OF "NATIVE GUANO."

THE Reports just tendered to the Metropolitan Board of Works by Mr. Bazalgette and Mr. Keates, the engineer and chemist appointed to examine the working of the celebrated A. B. C. process at Crossness are very damaging to the prospects of the company. Mr. Bazalgette states that during a period of three months, during which the inspection lasted, 142 tons of the so-called native guano were manufactured at a cost of £895. At this rate the manure costs £6 6s. 4d. per ton, "exclusive of rent, interest on capital, depreciation of plant, and other incidental items." The manager of the company objects to this calculation that a portion of the expense—that for pumping, for instance—was accidental, and should not be counted in the cost of the manure. But even if an absurdly liberal deduction be made on this score, the manure, it is evident, could not cost less than £4 per ton.

Mr. Keates reports that the finished manure contained nothing of any value but 0·929 per cent. of ammonia and 0·48 per cent. of phosphoric acid, and that at the present market price of these substances, the manure is therefore worth something less than £1 per ton.

We confess we are not much surprised at these results. In September, 1871, Mr. Crookes reported that the amount of ammonia contained in the effluent water was almost exactly the same as that of the filtered sewage before precipitation. This report, strange to say, has been issued in the form of a pamphlet by the company! We should have thought that they would have burnt it at once.

Mr. Keates reports more favourably of the sanitary than the commercial value of the A. B. C. process. The effluent water was almost invariably bright and free from disagreeable smell, and only putrefied to a slight extent on keeping. There would evidently be no harm in discharging such water into a river, provided, of course, that the river was not to be used for water-supply. Fish, we are informed, thrive in the effluent water, and altogether it may be freely admitted that the A. B. C. is an excellent clarifying process, although we are forced to deny it any value as a means of utilising sewage.

THE ALLEGED ILL-TREATMENT OF A CONVICT.

OUR readers have doubtless perused for themselves certain statements that have appeared in regard to the alleged cruel treatment of a Fenian prisoner lately confined in some convict prison of this country. Of course, if the series of alleged barbarities were ever really perpetrated, no condemnation that we could pronounce would sufficiently express our abhorrence of such practices, and no punishment of the offenders would be too severe. But we must not forget that charges of this kind, supposing them to be subsequently disproved, place the individuals against whom they are made, in the meantime, in a very cruel position, and, possibly, even expose them to unintentional obloquy. We have lately had an example of the kind in the case of a gentleman arrested on the charge of a murder of which he was entirely innocent. We owe it, therefore, to gentlemen of hitherto unblemished character to suspend all judgment and expression of opinion until the allegations have been thoroughly sifted, which we make no doubt the officials in question are anxious should be done as soon as practicable.

FACTORY LEGISLATION IN FRANCE.

IF public hygiene languishes among ourselves, it seems to have taken a vigorous start in France. In the Corps Législatif it has been carried that no boy under thirteen and no girl under fourteen shall be employed in any factory for more than six hours a day, including an interval of rest. Another clause in the Bill enacts that no male under sixteen or female under twenty-one shall work in factories at night. Formidable industrial interests, and the contention of some members that to shorten the hours of child-labour would be to encourage vagabondism, failed to arrest the progress of a measure which will do much to check the physical deterioration of the French. The employment of young girls of from twelve to thirteen for twelve hours a day, often in wet clothing and after a walk of two or three miles, is not a condition favourable to the *physique* of the generation that is to reclaim Elsass and Lothringen and avenge Sedan.

TRANSFUSION.

SOME of the most useful work done by our medical societies has been through the instrumentality of small committees. The Obstetrical Society has set a good example in this respect, for it has instituted committees of inquiry upon many questions of great scientific interest and vast practical importance. Opinions differ greatly as to the value of the operation of transfusion, and as to the best means of performing it. The Obstetrical Society has therefore acted wisely in appointing a committee to investigate

these questions; and we hope their inquiries will be so conducted as to command the confidence of the profession in the report which they will issue. The objects contemplated by the committee are—

(1) To collect evidence from gentlemen who have had experience in cases of transfusion.

(2) To obtain the particulars of all recorded cases (performed on the human subject), with the view of finding out, as far as possible, to what extent the so-called successful cases were due to transfusion.

(3) To examine the various kinds of instruments used in both the *mediate* and *immediate* forms of the operation.

(4) If considered necessary, to institute further experiments for the purpose of determining how far transfusion may be relied upon as a means of saving life, and also the best mode of performing the operation.

The Committee will be happy to receive communications on the subject, which should be addressed to the honorary secretary, Dr. Madge, at the Society's Library, 291, Regent-street, W.

THE CONTAGIOUS DISEASES ACTS AND THE PUBLIC SERVICES.

WE may be sure that we shall hear something about a piece of legislation, the very mention of which acts as a red rag to many people. To judge from the statements put forward by those who have had the best opportunities for knowing what has been the practical working of these Acts, there cannot be two opinions, we should think, as to the results that have been obtained. In the case of the Navy, the prevalence of syphilitic diseases is greatest, and their character worst, at ports where no such enactments are enforced, and least where they are. The testimony of the Army is to the same effect. No considerations about diminution of disease would probably have any effect on those who oppose the Acts as altogether improper and immoral, but it would be well if religious and philanthropic-minded people would bestow a little attention on the moral results that have followed from their operation. The object of reformatories is deserving of every encouragement, whatever may be thought of the wisdom of the system that is pursued in many of them, but can the supporters of such institutions match the results that have accrued in the case of Plymouth—results which are open to the investigation of everyone? It is notorious that the number of girls of a tender age now leading a life of prostitution has been greatly diminished, and that a very large number of young women have been reclaimed directly by persons connected with the working of the Contagious Diseases Acts at that station.

VENTILATION OF HOUSES.

IT is very possible that Mr. Rawlinson has raised the wind to some effect, and that when all the learned pundits have aired their proclivities, we shall be able to summarise and recapitulate therefrom some practically useful results. But at present we are very much in cloudland, in spite of all that has been written on the subject. It must be remembered that the remarks of Mr. Rawlinson applied exclusively to existing houses. It may be very stale advice to indicate that "bedrooms may have open windows during the day at least," to "ventilate your drain if there is one," and to "ventilate your staircase by openings at the roof or skylight, or at some upper window." But these are scraps of counsel necessary enough, but very little practised and very little appreciated. Railway mismanagement is said to be best cured by the maiming or killing of a director; and until enteric fever has smitten the inhabitants of a house, it is next to impossible to persuade the inmates that a constant renewal of air is necessary to the maintenance of health. However, as we had occasion to indicate last week, the tendency of the correspondence presented is to sketch out golden sanitary rules for the construction and ventilation of houses that may perchance benefit the future, but cannot influence the present generation.

THE MEDICAL DEPARTMENT OF THE RESERVE FORCES.

THE extracts from the official circular lately issued from the War Office, and published last week in our columns, are, on the whole, tolerably satisfactory. It is hardly worth while to comment on the "twopenny" clause, for, as we take it, all medical members of the Reserve Force will be disposed practically to ignore its financial aspects. But Clause 10, referring to the examination of medical officers, is worthy of general consideration. We hope shortly to obtain from the authorities of the War Office a copy of the regulations relative to the examination of medical officers. If, as is probable, this examination can be passed without serious interference with the routine of private practice, it will clearly be our duty to counsel all medical officers to qualify for the special capitation grant, and thus to strengthen the status of their own respective corps.

THE IRISH COLLEGE OF SURGEONS.

IT appears that Mr. Hargrave has not resigned his appointment of Representative of the College of Surgeons of Ireland in the General Medical Council, though the Council of the College has very plainly intimated its wish that he should do so. A legal opinion has, we are informed, been taken by the College as to the legality of Mr. Hargrave's last election, which appears to have been somewhat informal, and the decision has been against that gentleman, who, however, has announced his intention of attending the next meeting of the General Medical Council. Should the College of Surgeons proceed to a new election, as is proposed, the President of the General Medical Council may have to decide the knotty point as to which representative shall take his seat at the board.

PROFESSOR MACLEAN, C.B.

WE have to congratulate Dr. Maclean, Professor of Military Medicine at the Army Medical School, on his recent promotion to the local rank of Inspector-General of Hospitals. The *Gazette* announcing the fact, by the slight addition of an "s"—a typographical error no doubt—bestowed upon this officer the post of Professor of Medicines. It is needless to remark that the chair so well occupied by Dr. Maclean at Netley is that of Military Medicine.

LORD OSSINGTON.

THE symptoms, we are authorised to state, are of a more favourable character. The hemiplegia has undergone a slight change for the better; but the aphasia remains all but complete. The report that his lordship's case is complicated with bronchitis is unfounded.

THE "MEDICAL LIST."

WITH regard to the announcements that have appeared respecting the above work, bearing the signature of "William Longman," we are requested to state that it is not that of Mr. William Longman, of the well-known publishing firm of Paternoster-row, who, we need scarcely add, knows nothing whatever of the announcement in question.

THE following Fellows, recommended by the Council, have been appointed to fill vacancies in the Council of the Royal College of Physicians:—Drs. Herbert Davies, George Johnson, Wegg, Murchison, Stewart, and Martin.

WE learn on going to press of the death, from an overdose of laudanum, of Mr. Gerald Curran, medical officer for the Bodmin Union, Cornwall, at the early age of thirty. Mr. Curran, who was a grandson of the great Irish orator of that name, had for some time past suffered greatly from nervous restlessness and insomnia, for which he was in the habit of taking opium. On Wednesday night he unfortunately took an over-dose of the potent drug, and although he was assiduously attended by two neighbouring medical men, he died early on Thursday morning.

AT a meeting of the Monthly Council of the Central Chamber of Agriculture, held a few days ago, a report which had been prepared by a committee stated that the Contagious Diseases (Animals) Act had signally failed to accomplish its objects, and that no measures adequate to deal with contagious or infectious diseases could be adopted until the fresh importation of disease was prevented by the slaughter or quarantine of all foreign animals at the port of debarkation.

IT is with much satisfaction—and the feeling will be shared by the profession at large—that we learn that the Chancellor of the Exchequer has at length offered for the accommodation of the General Medical Council handsome and commodious apartments. There is no doubt that the persistent and praiseworthy efforts of the President and Treasurers have tended in no small degree to bring about this much desired result.

THE beneficent effect of a green Christmas upon the health of the population was shown in the death-returns for the recent season. No sooner, however, do we get snow and sleet, than the death-rate immediately goes up with a precision that must convince every one of the fallacy of the old adage, that a "white Christmas makes a lean churchyard."

A DEPUTATION of the Model Houses Association will shortly wait on Mr. Stansfeld, and point out to him what they consider the defects of the Public Health Act, and also suggest alterations in the same, the ultimate object of the Association being the improvement of the dwellings of the working classes.

THE Weather Bureau of America has recently established a scientific observatory at Fort Garry, Manitoba, which, it is hoped, will be the means of collecting data of great value in climatology. Fort Garry is as nearly as possible the central spot on the continent.

DR. FRANKLAND reports that during the last month the water supplied by seven out of the eight water companies who draw from the Thames and the Lea was greatly contaminated with organic matters.

FROM information received by the last mail we learn that yellow fever of a more than usually fatal form was prevailing at Sierra Leone, and that several deaths had taken place from that disease.

AT the last meeting of the Royal Institution, Dr. Richard Budd Painter was elected a member.

LORD HATHERLEY, the late Lord Chancellor, according to a daily paper, lately underwent an operation for cataract.

ONE-THIRD of the total head of horned stock in Cheshire died last year from the foot-and-mouth disease.

HIS Excellency the Viceroy of India recently laid the foundation stone of a native hospital at Calcutta.

WE are requested to state that Mr. Prescott Hewett, the newly elected President of the Clinical Society, will deliver the annual address on Friday, the 14th inst., at 8.30 P.M.

THE CONTAGIOUS DISEASES ACTS.

AT the conclusion of the Lettsomian Lectures at the Medical Society on Monday last, Mr. Henry Lee made the following remarks, which cannot fail to arrest the attention of those engaged in superintending the future operation of the Contagious Diseases Acts:—

"We have now considered the principal forms of urethral discharges as they occur in men, and the catalogue is by no means exhausted. Most of these discharges may be communicated in kind to women. A pus-globule, from whatever source derived, will grow, subdivide, and multiply for a time when translated to another part, and may there produce an action of the same nature as that which originally produced it. Some of these actions have a specific character, but many of them have no specific origin.

"In women the mucous lining of the urethra and vagina form one continuous membrane, and the diseases of one part by continuity of action are readily transmitted to any other part. This membrane, taken as a whole, is much more extensive, much more vascular, and therefore subject to a much greater variety of constitutional influences, than the mucous membrane of the urethra in men.

"Any general disturbance of the health will produce a vaginal discharge in women; and these are so numerous that I will not attempt to enumerate them. If, then, the exact nature of a discharge in a man may prove of difficult diagnosis, the difficulty in women is increased tenfold. Hunter, we have seen, did not distinguish between an ordinary gonorrhœa and a syphilitic discharge from the urethra in men; and Babington says, 'the distinction between venereal gonorrhœas and simple purulent discharges which are not derived from infection is to be found less in the severity of the symptoms than in their obstinacy.' The urethra is often attacked with inflammation as violent as that of a gonorrhœa in cases where there has been no possibility of infection. This discharge may be as copious, and exactly similar both in colour and appearance. If this be the case in men, what shall we say with regard to the diagnosis of these causes in women, when we consider the great variety of causes which may give rise to discharges in them, the difficulty there may be in making an examination, and the possible motives for deception? As patients present themselves at the hospital, the diagnosis is sufficiently easy. In fact, they have already diagnosed their own cases, and come ready to mention their symptoms. But the case would be very different if the surgeon had to decide upon his own responsibility, especially if the patient were an unwilling witness. Not long ago I saw a patient who had purulent discharge sufficiently abundant, the whole mucous membrane was red and inflamed, and I thought it must be a case of gonorrhœa, although I was prudent enough not to say so. A week after I saw this patient again. The inflammation had all disappeared. The mucous membrane was of its usual colour, and the discharge not more than natural. I reversed my diagnosis and congratulated myself that I had not unjustly accused the patient. On the other hand, it has not unfrequently happened that patients have assured me that they had had the persons from whom they had been infected examined by their own medical men, and that they were reported free from all disease; and in some cases the medical men themselves have called upon me and given the same account. Hunter's opinion upon this subject is thoroughly practical and trustworthy. 'The appearance of the parts,' he says, 'often gives us little information, for I have frequently examined the parts of those who confessed all the symptoms, such as increase of discharge, pain in making water, soreness in walking, or when they were touched; yet I could see no difference between these and sound parts. I know of no other way of judging, in cases where there are no symptoms sensible to the person herself, or where the patient has a mind to deny having any uncommon symptoms, but from the circumstances preceding the discharge; a woman may have this species of the venereal disease

without knowing it herself, or without the surgeon being able to discover it even on inspection.'

"Surely there is matter here for the serious consideration of any medical man who undertakes to advise Her Majesty's ministers on the working of the Contagious Diseases Acts; and especially with regard to the extension of those Acts to the civil population.

"It is not my intention or wish in any way to offer an opinion here on the propriety or the operation of the Acts referred to. But as the responsibility of the principles upon which those Acts are framed will be thrown ultimately upon the medical profession, and the practical application of those Acts will involve the personal responsibility of medical men, I am somewhat jealous for the future honour of our profession, and anxious that any opinions and advice given by us to the Legislature should stand the test of time, and, in order that they may do so, that they should be established upon a really scientific basis."

NEW PROCESS FOR THE UTILISATION OF SEWAGE.

WE have recently had an opportunity of inspecting another new process, brought forward by Mr. Reginald Smith, for the utilisation of human excreta. It is founded on the patents of M. Badin, and, by permission of the directors of the Great Eastern Railway Company, has been tried for some time past on the metropolitan extension works at Bishopsgate.

The apparatus consists of a truncated cone of wire gauze, which is fixed, base downwards, in a cylinder of perforated metal. The cylinder is surrounded by, and nearly fills, a strong water-tight cylinder of galvanised iron, connected by a union joint with an air-tight cistern. The outer cylinder is about three feet high. The space between the cone and the inner cylinder is filled with some porous substance, with spent tan, in the experiment which we witnessed. This substance, whatever it may be, is saturated with some powerful antiseptic compound. The excreta, both solid and liquid, fall into the cone, the mouth of which is about six inches in diameter. Here the solids are retained, while the liquids filter through the tan, are disinfected in their passage, and finally pass into the outer cylinder, and thence to the tank. The cylinders must, of course, be changed by the company when full, and the tank emptied; but it is calculated that the apparatus is large enough to retain the whole excreta of one adult for twelve months, so that with a family of six it would only be necessary to change the cylinder every two months. When full, the cylinder with its contents, and the liquid in the tank, are to be removed to the Company's works, the liquid boiled down, and mixed with the solids, tan and all, taken from the cylinder. The whole is then dried, pulverised, and sold as "human guano."

It would be premature to express an opinion on the chance of success which this scheme possesses. It has obviously much to recommend it. The whole of the manurial ingredients are, no doubt, preserved by the process; and they are only diluted by the addition of tan, or some similar substance, which has some value in itself, and the weight of which is said not to exceed that of the solid matters. The manure obtained would be a real manure, and not one from which nearly all the valuable matters had been washed by a deluge of water.

On the other hand, the difficulty of replacing watercloset by any such system as this is too great to be overlooked; and we think the promoters will act wisely in trying it first as a substitute for the filthy and noxious middens still largely used in some country towns. If such an experiment resulted in sanitary and financial success, the difficulties in the way of the further development of the system might perhaps be overcome.

DR. MUTER has been appointed Analyst for the Wandsworth district for a period of twelve months.

Correspondence.

"Audi alteram partem."

VACCINO-SYPHILIS.

To the Editor of THE LANCET.

SIR,—I was unfortunately unable to attend the meeting of the Royal Medical and Chirurgical Society on the 28th ult., and therefore had not the advantage of hearing Mr. Hutchinson's most interesting communication; but, after reading the details of his cases, so fully reported in your journal of to-day, I am unable to adopt the conclusion arrived at by him, and apparently by the Fellows present with the exception of Mr. de Mérie, that the fourth series is an undoubted instance of vaccino-syphilis; but I am disposed to regard it as a case of vaccination in a person already syphilitic rather than one of syphilis conveyed by vaccination. At any rate, I do not think this case can be placed in the same category with the others previously brought before the profession by himself and by Mr. Thomas Smith, as so many fallacies present themselves in it.

These cases are of such extreme importance, and are liable to so many sources of error, that they ought not to be recorded as authentic so long as a reasonable doubt exists as to their true interpretation; and to arrive at this, it is, above all things, necessary that the patient should have been watched by a competent observer, especially at the commencement of the disease before the local symptoms have disappeared, so that the chain of evidence may be continuous from the beginning, and guaranteed by a responsible person; but in the case before us this does not appear to have been done, and it seems to me that there are many serious flaws and gaps in the links, to some of which I beg to direct attention.

The patient was vaccinated in May, 1871, and did not come under Mr. Hutchinson's care until December, 1872, so that more than a year and a half had elapsed between the suspected vaccination and her first examination by him. All, therefore, that Mr. Hutchinson is able to aver of his own personal knowledge is, that the woman had a dusky mark on her arm, and was suffering from syphilis at the time he examined her.

The early history of the case—accuracy in which is absolutely essential in such an inquiry—appears to have been derived from the patient herself; and, as it was obtained so many months after the occurrence of the symptoms, can only be judged *quantum valeat* by each of your readers; it certainly fails to convince. And even if given by an ordinary medical witness so long afterwards, such evidence would, in my opinion, be insufficient to lead to a satisfactory conclusion.

To corroborate the statement that after the vaccination the woman had "a hard-edged ulcer, lasting three months," the report mentions that there was "a dusky scar at the seat of one of the vaccination punctures, very different indeed from a normal vaccine cicatrix"; but this fact proves little. My own limited experience is that revaccination, even when followed by good vesicles, rarely leaves typical marks in healthy adults; and that it sometimes does leave dusky or discoloured scars in them, when the punctures have been followed by inflammation and ulceration; here, though, I am open to correction by others better qualified to give an opinion on this matter. But that these troublesome sequelæ to revaccination are not infrequent in syphilitic persons I can confidently affirm, having seen several instances where it was attended by violent inflammation, with severe and persistent ulceration, which, on healing, left a superficial discoloured scar lasting many months.

I can also fully endorse Mr. Henry Lee's opinion, that revaccination will sometimes light up the dormant disease in a person already the subject of syphilis; and, without a previous knowledge of the patient, this may readily lead to a suspicion that impure lymph has been used.

A knowledge of these facts gives us, I think, a much more probable explanation of the symptoms which followed vaccination in this patient than by referring them to the very unusual occurrence of syphilitic contamination by vaccination; and, until further confirmatory data are obtained, we

are warranted in withholding our assent from this uncommon accident as the cause of her disease.

In his reply to the remarks made at the meeting, Mr. Hutchinson is reported to have said: "There were no facts to prove that the persons were the subjects of syphilis before vaccination." On the other hand, there were none to prove they were not; and, with all deference to his opinion, I think in the case now under consideration there is a strong point of evidence to show that the patient was, most probably, already syphilitic at the time of her revaccination. For she was vaccinated with her two grown-up daughters, from the arm of a baby which had previously been used to vaccinate a number of other persons. The contents of the vesicle therefore must have been exhausted before the patient and her daughters were vaccinated from it; consequently the same material—i.e., the oozing or the draining of the vesicle—would be used for all three of them; but although the mother afterwards had a bad arm, and suffered from an attack of syphilis, the two daughters, equally prone to contract the disease, escaped.

This circumstance contributes, moreover, a strong argument that the vaccinifer was not tainted; and, indeed, from the report, it is by no means clear that the family, or this child, were syphilitic. The vaccinifer was the third of these children, all living. The first had never shown any suspicious symptoms; the two youngest, whilst teething, had been treated for sores about the anus, and both are said to have large foreheads. Although we may justly regard such symptoms with distrust, yet soreness about the anus during dentition is by no means pathognomonic of syphilis unless the ulceration be distinctly condylomatous (mucous tubercles), which Mr. Hutchinson cannot positively assert, as he did not see the child until long after this had disappeared; neither is a slight enlargement of the forehead necessarily of syphilitic origin, for this also may be produced by other causes. The grounds then for believing that the vaccinifer was syphilitic are extremely slight, and far more than counterbalanced by the rebutting evidence above-mentioned.

I trust, Sir, by these remarks it will not be thought that I am seeking to throw the least discredit upon Mr. Hutchinson. Nobody can feel more strongly than myself the immense obligation we are under to him for having brought these most interesting cases before us in the very able manner he has done, and for the good service he has rendered in removing a question of such moment to us all from what, in the minds of many practitioners, was still debatable ground, to the domain of certainty. Anything that Mr. Hutchinson can vouch for from his own personal observation, and of his own knowledge, I unhesitatingly accept; but this case, constituting his fourth series, differs from his preceding cases in that he did not see the local condition of the patient for himself, and is, therefore, entirely dependent upon others for his statements. There is no doubt that the woman was the subject of constitutional syphilis, but in the absence of skilled observation, and with its several weak points which I have endeavoured to place before you, this case cannot be accepted as one of indisputable vaccino-syphilis, and I do not think it ought to go forth authoritatively to the public as such.

With apologies for the great length of this letter, which can only be excused on account of the vast importance of the subject,

I remain, Sir, faithfully yours,

GEO. G. GASCOYEN.

Queen Anne-street, Cavendish-square, Feb. 1st, 1873.

NITROUS OXIDE GAS IN DENTISTRY.

To the Editor of THE LANCET.

SIR,—I should not intrude myself on your columns did I not feel, after reading your remarks on Nitrous Oxide in last week's LANCET, that the tendency of the latter portion of the article was almost to condemn the administration of this most useful anæsthetic.

Having given nitrous oxide in nearly two thousand dental operations without any unpleasant result, I should be sorry to discontinue its use, even though it be not a "true anæsthetic." I quite agree with you that the ruthless way in which nitrous oxide has been administered by unqualified persons is much to be deplored. The rapidity of the action of nitrous oxide, as well as its peculiar effects upon respiration, are circumstances which point to the necessity of at least as much experience in its use as in the employment of chloroform in order that it may be given with perfect safety.

I certainly am averse from its re-administration in dental operations whilst the gums are bleeding, as, should the muscles about the glottis be partially paralysed, the blood naturally finds its way into the trachea,—an event which may have occurred in the late fatal case, but of which we unfortunately have no proof in consequence of there having been no post-mortem examination.

When operating on the mouths of patients under the influence of nitrous oxide, it is better to place them in an almost upright position, and the moment the operation is concluded to tilt the chair forward, in order that the blood may run out of the mouth and not back into the fauces.

There appears no proof in Miss Wyndham's case that the heart was primarily affected, as it seems that Mr. Mason was able to fetch Dr. Drake, "who returned with him and found the lady still alive." This is not the history of death through the heart. The increased rapidity of the pulse during the first inhalation was possibly due to the nervous excitement of the patient, and would most probably have been noticed even if no anæsthetic had been administered.

Looking at these few facts in an impartial manner, I think, Sir, you will allow that until we find some better anæsthetic, nitrous oxide, carefully administered by properly qualified surgeons, is far less dangerous and much more manageable than chloroform in dental operations.

I am, Sir, yours obediently,

GEORGE PARKINSON.

Brook-street, Grosvenor-square, February 3rd, 1873.

THE INLAND REVENUE BOARD AND THE ADULTERATION OF CHICORY.

To the Editor of THE LANCET.

SIR,—According to *The Times*, the Inland Revenue Board are "surprised to find" that there is a trade in adulterated chicory, a roaster having been detected mixing scorched rye with this article, which he sells as chicory.

Why, Sir, this particular adulteration of chicory, as well as many others, some of them of a much worse description, and the existence of an extensive trade in adulterated chicory, were exposed by me in the reports of the Analytical Sanitary Commission of THE LANCET, now twenty-two years ago. It was then shown that nearly half the samples of chicory sold were adulterated. What, therefore, really is surprising is that the Inland Revenue Board should not have been sooner aware of the fact, and that they should have done so little, with all their vast opportunities, in the exposure and suppression of adulteration.

I am, Sir, your obedient servant,

ARTHUR HILL HASSALL, M.D.

Adelphi-terrace, Feb. 3rd, 1873.

PRISON DIETARY.

To the Editor of THE LANCET.

SIR,—The recent Prison Congress having directed public attention to the various matters which concern the treatment of prisoners, it may interest your readers to learn what is the effect upon the physical condition of criminals, of the prison dietary known as Sir George Grey's, which was in use at the Louth County Prison until it was closed in June last, and is still, I believe, employed in several city, county, and borough gaols.

Before stating, however, the results I had obtained, it is desirable to show what was the condition of the prisoners on admission, which was as follows for the years ending September 29th, 1868, and September 29th, 1869:—

1867-8: Male prisoners, 535; average height, 5ft. 3¼in.; average weight, 8 st. 13¼ lb.; deficiency below standard, 10¼ lb.

1868-9: Male prisoners, 551; average height, 5ft. 3¾in.; average weight, 9 st. 3¼ lb.; deficiency below standard, 8¼ lb.

It appears from this that, on an average of more than

1000 prisoners, each was 8 lb. to 10 lb. below the ordinary standard of health, as given in Dr. Hutchinson's tables of relative heights and weights, and this conclusion is confirmed by the fact that in the first of the two years above-named 92 prisoners, and in the second year 194 prisoners, or 26 per cent. of the whole 1086, were suffering from various slight or severe ailments on admission into gaol.

The weekly amount of food furnished to male prisoners on hard labour was as follows:—

CLASS.	Bread.	Meat.	Gruel.	Potatoes.	Soup.	Treacle.	Cheese.	Suet pudding.	Indian-meal pudding.
	lb. oz.	oz.	Pints.	lb. oz.	Pints.	oz.	oz.	oz.	lb. oz.
I.	8 0	—	—	1 8	—	—	—	—	1 2
II.	8 0	—	14	2 4	—	—	2	—	1 8
III.	9 0	6	14	3 12	2½	—	3	8	—
IV.	9 14	8	14	4 8	3	1	4	12	—
V.	10 0	8	14	6 0	3	2	4	12	—

Prisoners continued on Class I. till the end of the first week; on Class II. till the end of the first month; on Class III. till the expiration of the first three months; on Class IV. for the three months following; and on Class V. till the expiration of their sentence.

The effects of these different classes of diet are given below. The numbers in every case include all whose weights were ascertained at the time of their commencing and discontinuing the diet.

		Men.	Loss. lb.	Average. lb. oz.
CLASS I. ...	1867-8 ...	500 ...	658 ...	1 5
	1868-9 ...	487 ...	529 ...	1 1¼
CLASS II. ...	1867-8 ...	405 ...	670 ...	1 10½
	1868-9 ...	354 ...	640 ...	1 13
CLASS III. ...	1867-8 ...	63 ...	117 ...	1 13
	1868-9 ...	32 ...	38 ...	1 2¾
			Gain.	Average.
CLASS IV. ...	1868-9 ...	22 ...	80 ...	3 14
			Loss.	Average.
During whole term of sentence ...	1867-8 ...	535 ...	1458 ...	2 11¼
	1868-9 ...	244 ...	479 ...	2 nearly

The number of men on Class V. was too small to form the basis of any estimate, but no doubt there was an average gain in weight of a small amount. The average duration of sentence in 1868-9 was thirty-eight days.

It appears, therefore, that Sir George Grey's dietary causes a loss in weight of 4 lb. to 5 lb. during the first three months of imprisonment, thus further enfeebling men who are already weakened by dissipated or irregular living, and as a three months' term is frequently the sentence given to a "rogue and vagabond," or a petty felon, it follows that the subjects of this method of treatment are less able, and, as a necessary consequence, less willing, than before to earn their bread by daily labour.

One other aspect of the dietary in question deserves also to be mentioned—viz., its effect upon prisoners awaiting trial. Out of ninety-seven men committed to prison for trial at Quarter Sessions, fifty-four lost weight, amounting to 163 lb., or an average of 3 lb. each; in their case, therefore, the punishment commenced before the guilt was ascertained. The remaining forty-three men either lost nothing or gained somewhat in weight, but, as the friends of prisoners are allowed to provide their food before trial, it is fair to infer that in these cases the increase of flesh was derived from the supplies, always most abundant, brought by friends out of doors.

Low diet is undoubtedly necessary as a punishment for convicted criminals, but it should bear some proportion to the work they perform, and where it does not impaired health inevitably follows. The desire to show that this scheme of dietary does not, in the first three classes, bear an adequate relation to the labour demanded will, I hope, be a sufficient apology for having trespassed on your valuable space. I enclose a copy of the dietary table in full, and am, Sir,

Your obedient servant,

THOS. WEMYSS BOGG,
Late Surgeon, Louth Prison.

January, 1873.

PLUGGING THE POSTERIOR NARES.

To the Editor of THE LANCET.

SIR,—When the posterior nares are plugged from the mouth by means of Belocq's canula, the presence of a piece of string extending from the plug through the fauces and mouth causes great irritation about the soft palate and uvula, producing constant efforts to swallow, and these efforts, by their action on the string, tend to displace the plug. This is probably what Mr. Morrill alludes to, in the last number of THE LANCET, as the first cause of anxiety. By plugging from the anterior nares with my nasal bag-plug this source of anxiety will, I think, be avoided.

As to the recurrence of hæmorrhage on removal of the plug, also mentioned by Mr. Morrill, this can be remedied by allowing the plug to remain for several or any requisite number of days. The presence of the plug (as happens in other mucous passages when a foreign substance is introduced; for example, the introduction of a catheter into the urethra for several days) at first produces swelling and turgescence of the mucous membrane; and, secondly, absorption with increased secretion, which loosens the plug; these latter processes probably playing no mean part in arresting the hæmorrhage. If after the plug has remained, say for several days, the air or water, with whichever it has been filled, is allowed to escape by turning the stop-cock, and not even then withdrawing it for another day or so, there will probably be no recurrence of the hæmorrhage, especially if in the meantime the generally engorged liver (the probable cause of the epistaxis) has been well acted upon by saline purgatives, with which may be combined ten-grain doses of ammonia, iron, alum, and ten or twenty minims of aromatic sulphuric acid.

I fancy that my method of introducing the bag-plug folded round a small metal director of the shape of Belocq's (spring) canula, and fitting into a small pocket on the outside, near the large end of the bag, will be found practically to answer better, and with greater certainty, than Mr. Godrich's modification of drawing the bag into the tube.

I remain, Sir, yours, &c.,

R. P. B. TAAFFE, M.D., M.S. Lond.

Brighton, February 1st, 1873.

THE SOLVENT TREATMENT OF CALCULI.

To the Editor of THE LANCET.

SIR,—In the case of patients suffering from symptoms of calculus in the kidney, there is a simple mode of treatment which has, in my experience, had very gratifying results. I am aware that it is very far from novel, but I should be glad to give it increased prominence with any of your readers who have not systematically and completely carried it out. What I usually direct is, that the patient should take his dose of medicine in a pint of water on an empty stomach three times a day. At the same time, I impress upon him that the main object of the treatment is to make the urine very abundant, and that it should have a thin, pale appearance, and that, as a habit of life, he must persistently drink sufficient fluid to produce this result; explaining, at the same time, that such urine is likely to afford

no material for fresh deposit on the stone already existing, but, on the contrary, he may hope that the concretion will gradually become water-worn.

In each of several well-marked cases in which this treatment has been adopted, the patient has reported at the second visit great diminution of pain and of the tendency to bloody urine, and the improvement in these respects has continued steadily, the general condition at the same time improving, aided no doubt by other remedies—strychnia, cod-liver oil, &c. The specific gravity of the urine under this diluent treatment rarely exceeds 1005.

Faithfully yours,

Eastbourne-terrace, Jan. 31st, 1873. W. WILBERFORCE SMITH.

To the Editor of THE LANCET.

SIR,—In the third paragraph of my letter in last week's LANCET I regret that owing, to want of time to revise before posting, my meaning was erroneously put. What I intended to say was, that in the first case the blood would be neutral or even acid, in the second too alkaline.

I am, Sir, your obedient servant,

Newcastle, Feb. 3rd, 1873. JOHN C. MURRAY, M.D.

"DANGERS AND DISABILITIES OF LICENTIATES OF THE COLLEGE OF PHYSICIANS, EDINBURGH."

To the Editor of THE LANCET.

SIR,—I read in your last issue the above article, with no small astonishment. I hold the double qualification of Edinburgh, which I took on the strength of its being a *legal* qualification to practise both medicine and surgery (of course as a general practitioner); if the above is really a legal qualification to practise, most assuredly its holder ought to be allowed to recover in the County Court for services rendered.

If necessary, I think it would be better to take the case to a higher court for a final decision; and as this will necessarily involve considerable expense, I feel certain that all gentlemen holding the diploma in question will come forward with their subscriptions to aid the object in view.

I would, however, add as a proviso, that if Deputy-judge Mulcaster is right in his decision, of course such proceedings would be useless, and, further, that the diploma in question will be nearly useless to me, as well as to many others.

I hope that the affair will be taken up and thoroughly sifted by the proper authorities, not only for the sake of those who hold the said diploma, but more especially for those students who think of taking it.

I am, Sir, your obedient servant,

CHARLES SOLOMAN, L.R.C.P. and S. Edin.

Skirlaugh, near Hull, February, 1873.

To the Editor of THE LANCET.

SIR,—I have felt somewhat uneasy since reading your article in last Saturday's paper on the position of Licentiates of the College of Physicians of Edinburgh.

It seems to me quite time the Council took some action in the matter, not only for the benefit of gentlemen who hold their diploma, but also for their own protection. They will certainly not be able to retain the position they have hitherto held as an examining body if the interpretation put upon the Medical Act of 1858 by one or two recent decisions in the County Court is held to be correct.

I am, Sir, your obedient servant,

J. E. BROOKS, L.R.C.P. Ed., &c.

Silverdale, North Staffs., Feb. 3rd, 1873.

IRELAND.

(From our own Correspondent.)

DURING the past week we have had a great change in the weather, and snow, to the depth of several inches, now lies on the ground. We have at last been favoured with the census for the county and city of Dublin, the Census Commissioners on this occasion having elected to publish the census reports in "counties separately," and in alphabetical order. The second has just appeared, after an interval of four months since the publication of the first part, that for Carlow. We are informed by it that on the night of the 2nd of April, 1871, there were 1998 physicians, surgeons, and druggists in Dublin; of these 1468 were males and 186 females over twenty years of age. This calculation includes medical students. As there are no medical women in Dublin the female element must be assumed to be distributed amongst the druggists.

There are about 500 practising medical men in the Dublin registration district, having a population of about 315,000, or about 1 to every 630 inhabitants. In London, with a population of three milions and a quarter, there are about 3600 medical men, or about 1 to every 900 inhabitants, therefore we ought to consider ourselves to be extra fortunate to that extent. We find, however, that nearly 26,000 families in Dublin occupy what is described to be the lowest class of accommodation—that is, an apartment with one door and one window. The chemists and druggists of Ireland have formed themselves into an association for the purpose of raising the standard of the trade by making it compulsory that apprentices should pass examinations before being admitted into the trade, and also with a view to obtain a status similar to that secured by Act of Parliament to the Pharmaceutical Society of England.

The Dublin Sanitary Association have inaugurated the second year of their existence by the publication of their first report, which appears to be a well-digested and important document. It has just been brought under the notice of the Corporation of Dublin, our urban sanitary authority, in a formal manner. We do not, however, attach very much importance to the action likely to be taken by the Corporation of Dublin in the question of sanitary reform. Amateuring in general polity, however, appears to possess higher charms for the members of that august body than actual practical benefits to the community, unless, indeed, when a member such as Sir John Gray furnishes us with a water-supply, which, along with a fire brigade, also due to his energy, is about the only measure that we can allude to in connexion with our corporation in congratulatory terms.

The late Dr. Carmichael, of Dublin, bequeathed a sum of £300 to be distributed every four years, one prize of £200 for the best essay, and a prize of £100 for the second best essay, "On the State of the Medical Profession in its different departments of Physic, Surgery, and Pharmacy in Great Britain and Ireland." The 1st of February is the date on which the essays should be lodged at the College of Surgeons. We understand that some half-dozen have been sent in on the present occasion.

We are anxious about the clauses of our Irish Health Bill, which we have reason to anticipate will be introduced this session. The Irish Poor-law Medical Officers' Association have held several meetings on the question, and have laid their views on the matter before the Local Government Board, and their ideas, though perhaps not to the extent of entirety, have been virtually adopted by that body. The Lord Lieutenant, in his speech at the Lord Mayor's inaugural banquet, alluded in such terms to the promotion of sanitary measures in Ireland, that there can be no doubt that legislation on that subject will take place this session.

Dublin, Feb. 5th, 1873.

Obituary.

ISAAC BAKER BROWN, F.R.C.S.

ONE of the ablest and most inventive of English surgeons has just died in Mr. Isaac Baker Brown. The deceased gentleman was born in Essex, at Colne Engaine, on the 8th of June, 1812. He was of honourable parentage, his father being a country gentleman in the neighbourhood, and his mother the daughter of the Rev. James Boyce, celebrated as the master of the Bluecoat School when Samuel Taylor Coleridge and Charles Lamb were pupils. He received his preliminary education at Halstead, in his native county, after which he was apprenticed to Mr. Gilson, a well-

employed practitioner in that town. In due time he was entered as a student at Guy's Hospital, and was the home-pupil of Mr. Hilton. He was distinguished in the classes, and gained the Astley Cooper Prize for Anatomy. He took the diploma of the Royal College of Surgeons in 1834, and in the same year the Licentiateship of the Apothecaries' Hall; fourteen years thereafter he became Fellow of the College by examination. He married and settled in the West-end as a general practitioner; but women's diseases—a subject which was a favourite one with him from his student days at Guy's, where he read a paper on Ovarian Affections—engaged his special attention, and he rapidly rose in reputation as an accoucheur. Ovarian dropsy, the *opprobrium artis obstetricæ* in those days, could, he convinced himself, be radically cured only by ovariotomy, and accordingly he became an enthusiastic vindicator of the operation. His papers in THE LANCET from 1844 to 1849, on tapping and pressure, on the excising of a portion of the cyst and the establishment of a fistulous opening so as constantly to drain away the secretion, on simple tapping and the injection of tincture of iodine, may still be read with interest, as showing the gradual progress of his convictions in favour of ovariotomy. This operation he therefore performed, and though unsuccessful with his first three cases, he did not hesitate, in 1852, to operate in the fourth, though the patient was his own sister. That lady is, we are gratified to state, still alive, and the mother of several children.

Mr. Baker Brown took an active part in founding St. Mary's Hospital, and was appointed at its commencement surgeon and accoucheur, a post never refilled since his vacating it in 1858. The London Surgical Home shortly after owed its foundation to him. He was also conjoint lecturer on diseases of women and children. In 1854 appeared his work on Surgical Diseases of Women, which has reached a third edition. This work established his celebrity as an operator at once bold, ingenious, and successful, and of itself will ensure his memory. His operating theatre was one of the most attractive to the professional visitor in all London, admiration being invariably evoked by his brilliant dexterity and the power he displayed in the use of his left hand when operating on the female perineum. In curing the rupture he used, like Dieffenbach, quill sutures, but instead of lateral incisions intended to lessen tension, he divided the sphincter ani on each side posteriorly. We have high authority for saying that he was indebted for this idea to Mr. Copeland, and it is doubted by most operators now whether these incisions had much to do with Mr. Baker Brown's success, which was probably owing much more to the perfection with which he kept the two raw surfaces in quiet apposition. In cases of prolapsus uteri, vesico- and recto-vaginal fistula, and fibrous tumours of the uterus, he was a master, while his favourite operation of ovariotomy owes to him (acting on a hint from Mr. Clay, of Birmingham) the treatment of the pedicle by actual cautery. Failure he never hesitated—as he could easily afford—to confess.

In 1861 he was visited by the French surgeon, Nélaton, who was for some days an inmate of his house. In presence of his distinguished guest Mr. Baker Brown performed three ovariotomies in succession one afternoon, and M. Nélaton also witnessed his performance in two other cases, and took note of several patients in course of recovering after the operation. On his return to Paris M. Nélaton gave a clinical lecture on what he had seen, with the result of introducing ovariotomy to the favourable notice of the profession in France.

In 1865 Mr. Baker Brown, then at the zenith of his reputation, was elected President of the Medical Society of London, and in the following year he published his remarks on "The Curability of some Forms of Insanity, Epilepsy, and Hysteria." In this work he set forth his operation of clitoridectomy, which was, we believe, honestly devised as a legitimate resource of surgery.

Shortly after this began the controversy between him and the Obstetrical Society, with the origin of which, as well as its painful issue, our readers are already familiar. After the dissolution of his connexion with that body his practice declined, in spite of repeated and strenuous endeavours to win it back. He was shortly afterwards the subject of successive paralytic seizures, which shattered his already broken health, and were probably aggravated by his having involved himself in a lawsuit with THE LANCET, in respect of some remarks made by us purely on public grounds, and from which action he was advised to withdraw. For well-nigh a year he had been in a helpless state, when on Saturday, the 1st inst., he was seized with shiverings and headache, symptoms which were soon succeeded by unconsciousness, and on the morning of the 3rd he expired, in the sixty-first year of his age. On post-mortem examination, the brain surface evinced old arachnitis, the vessels at the base being generally atheromatous. Between the two hemispheres, lying on the point of union, and embedded in the membranes, was an elongated piece of ossification; while the pons Varolii was so softened as to give way; the right lobe of the cerebellum was filled with a clot the size of a mandarin orange, and the ventricles and spinal cord contained half a pint of serum. The left corpus striatum was hard, stained with hæmatin, evidencing old disease, and in the right anterior peduncle a hollow, softened, and containing the residue of an old clot. The brain generally was softer and paler than normal; its weight was three pounds. All other organs were healthy, especially the kidneys. The proximate cause of death was apoplexy, in which the congestion, undoubtedly caused by the sudden fall of the temperature, terminated.

Mr. Brown was twice married. By his second wife, who survives him, he leaves three children. His young son is a candidate for the foundation of Epsom College, and we hope that, in consideration of his father's services to surgery, and the active part he took in the promotion of professional charities, the candidature will be effectively supported.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having passed the required examinations, were admitted as Members on Jan. 30th:—

Hartree, John Penn, M.B. Camb., Grosvenor-street.
Moore, Norman, M.B. Camb., St. Bartholomew's Hospital,
Williams, William, M.D. Queen's Univ. Irel., Bennarfawr.

The following gentleman was at the same time admitted as a Licentiate:—

Clague, John, Castletown, Isle of Man.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations, received their diplomas in Dental Surgery at a meeting of the Board on Jan. 31st:—

Barrett, Astley William, Finsbury-square; diplom. memb. 1869.
Fothergill, John Alexander, Darlington. (Not a member.)
Payne, Henry Peter, Southampton; diplom. memb. 1873.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received a certificate to practise, on Jan. 30th:—

Cole, William James, Westbourne Villa, Harrow-road.
Duke, Maurice Smelt, Clapham-road.
Loane, Thomas, Dock-street.
Parnell, Gerald Crécy, Sussex-place, Regent's-park.
Powell, Evan, Bridgend, South Wales.
Wills, Charles, Richmond, Surrey.

ROYAL COLLEGE OF SURGEONS OF IRELAND.—At meetings of the Court of Examiners held on the 14th of January and following days the undermentioned passed their primary examinations in Anatomy, Physiology, and Materia Medica:—

Terence Allt, John Baldwin, William B. Bryson, Patrick Curtin, Joseph Eaton, Thomas F. Fleetwood, Thomas H. Henry, Albert T. Hickson, Edward G. Levinge, Osborne E. B. Limrick, Charles E. Macnamara, Joseph Macnamara, Rawdon Macnamara, Alfred H. Martin, Robert M'Bride, John M'Dermott, Francis J. O'Flaherty, William R. Pollard, Raymond Snow.

At the quarterly examinations held on Jan. 19th, 25th, 28th, 29th, 30th, and 31st, the following gentlemen obtained the licence to practise Surgery:—

Francis T. Bray, Joshua G. Brereton, Annesly C. De Renzy, James V. Fitzpatrick, John E. V. Foss, Mathew P. Healy, Albert T. Hickson, Thomas Hickling, Christopher J. L. Hughes, Kingston D. Kirkwood, Edward C. Levinge, Michael Loughnan, James B. M'Innery, Alfred H. Martin, John M'Creery, Chas. D. Moutray, Edward J. Mulligan, Horace T. Newman, Michael P. O'Connor, Henry W. Oulton, Joseph Power, Hy. A. W. Richardson, John J. Redmond, George Rogers, James Shaw, George L. B. Stoney, Mark S. Todd, Joseph H. Wolfenden.

THE will of Mr. James Startin, F.R.C.S., of Savile-row, has been proved under £50,000.

Medical Appointments.

CREW, Mr. W. T., has been appointed Dispenser to the Chorlton-upon-Medlock Dispensary, Manchester, vice Orton, A.P.S., &c., resigned.

CRONYN, J., L.K.Q.C.P.I., F.R.C.S.I. (late Assistant-Physician to the Rotundo Lying-in Hospital), has been appointed Assistant Lecturer on Midwifery at the Royal College of Surgeons, Ireland, in consequence of Dr. Sawyer's illness.

DAWSON, E. H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Dunham District of the East Retford Union, Notts, vice Rossiter, whose appointment had expired.

FRASER, J., M.B., C.M., has been appointed Medical Superintendent of the Fife and Kinross District Asylum, vice J. Batty Tuke, M.D., F.R.C.P.E., resigned.

GREGORY, G., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the Bolton Rural Sanitary District.

GRIGG, W. C., M.D., M.R.C.P.L., has been appointed a Medical Officer for In-patients, Queen Charlotte's Lying-in Hospital, St. Marylebone-road, vice G. B. Brodie, M.D., M.R.C.P.L., resigned, and appointed a Consulting Physician.

HARRIS, G. S. D., L.R.C.P.L., has been appointed Medical Officer of Health for the Leighton Buzzard Rural Sanitary District: £52 per annum.

HUTCHINSON, G. W., M.D., has been appointed Medical Officer to the No. 1 District of the Chipping-Norton Union, Oxon, vice W. Josiah Smith, M.R.C.S.E., deceased.

HYATT, B. N., M.R.C.S.E., has been appointed Medical Officer for the Workhouse and Medical Officer and Public Vaccinator for District No. 1 of the Shepton Mallet Union, vice Thos. St. John Hudson, L.R.C.P.Ed., M.R.C.S.E., deceased.

JOYCE, W., M.R.C.S.E., has been appointed Medical Officer of Health for the Urban Sanitary Districts of Ashby-de-la-Zouch and Ashby Woulds.

KIRBY, Mr. A. E., has been appointed an Assistant Medical Officer to the General Infirmary, Leeds, vice Wright, resigned.

LAIDLAW, W. G., M.D., has been appointed Medical Officer of Health for the Tranmere Urban Sanitary District.

MAYBURY, H. M., M.D., C.M., M.R.C.S.E., has been appointed Resident Medical Officer to the Islington Dispensary, Upper-street, vice Waller, resigned.

MEADOWS, H., M.B., C.M., has been appointed Medical Officer to the Leicester Provident Dispensary, vice Dr. Turner, resigned.

MOXON, W., M.D., has been appointed a Physician to Guy's Hospital, vice Dr. Owen Rees, resigned.

MUIR, W., M.B., has been appointed Medical Officer of Health for the Kirby Moorside Rural Sanitary District.

MURIEL, G. J., M.R.C.S.E., has been appointed a Surgeon to the Whitehaven and West Cumberland Infirmary.

PARNELL, G. C., M.R.C.S.E., late House-Surgeon to St. Bartholomew's Hospital, has been appointed House-Surgeon to the Worcester General Infirmary, vice J. C. E. Hardyman, resigned.

PHILLIPS, J. M., M.D., has been appointed Medical Officer of Health for the Urban Sanitary District, Aberavon.

POLLOCK, R., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Acton District.

ROBERTS, E., L.R.C.P.Ed., has been elected Medical Superintendent to the Infirmary for Epilepsy and Paralysis, Portland-place, Regent's-park.

SEATON, E., M.D., M.R.C.S.E., has been appointed Medical Officer of Health for the Urban Sanitary District of the Borough of Nottingham: salary commencing at £400 per annum.

STEPHENS, T., M.R.C.S.E., has been appointed Public Vaccinator to the Tynemouth Union.

STEVENS, G., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for District No. 3 of the Stow Union, vice B. F. Matthews, M.R.C.S.E., resigned.

TAYLOR, F., M.D., M.R.C.P.L., has been appointed Assistant-Physician to Guy's Hospital, vice W. Moxon, M.D., appointed Physician.

Births, Marriages, and Deaths.

BIRTHS.

CHAPLIN.—On the 10th ult., at Jerusalem, the wife of Thomas Chaplin, M.D., of a daughter.

DIVER.—On the 31st ult., at Northcote, Caterham Valley, the wife of E. Diver, M.D., of a daughter.

HOAR.—On the 30th ult., at Maidstone, the wife of C. E. Hoar, L.R.C.P.L., of a daughter.

STEPHEN.—On the 3rd inst., at Queen's-gate-terrace, South Kensington, the wife of Andrew Stephen, M.D., of a daughter.

MARRIAGES.

BAKER—ELWELL.—On the 22nd ult., at St. Bartholomew's, Wednesbury, Charles Eaton Baker, M.R.C.S.E., of Skinner House, Lydd, Kent, to Emily, second daughter of the late Edward Elwell, Esq., of Wednesbury, Staffordshire.

BERNAYS—EVANS.—On the 1st inst., at St. Matthew's, Brixton, Dr. Albert James Bernays, to Ellen Labatt Evans, daughter of the late B. Evans, F.R.C.S.E.

DEATHS.

ALLEN.—On the 29th ult., at Sheerness, G. Allen, M.D., of Soho-square, aged 49.

BARROW.—On the 3rd inst., J. G. Barrow, M.R.C.S.E., of Davies-street, Berkeley-square, aged 66.

DOUGLAS.—On the 5th ult., at Halifax, Nova Scotia, F. Douglas, M.D., Surgeon-Major 87th Regiment.

GRANT.—On the 29th ult., at Hanover-square, J. W. Grant, Esq., late of the Bengal Medical Service, aged 72.

HALTON.—On the 27th ult., J. P. Halton, F.R.C.S.E., of Wood-close, Grasmere, aged 75.

HARRISON.—On the 3rd inst., at Southport, Thomas Harrison, M.R.C.S.E., aged 34.

Notes, Short Comments, and Answers to Correspondents.

THE HISTORY OF MEDICINE.

THE medical antiquary has sustained a loss. Dr. Antonio Ribeyro Sanchez, a Portuguese by birth, connected with the Courts of Moscow and Naples, and well known as the author, in the French language, of an essay on the Derivation of Syphilis, left five volumes of MS., containing important details as to the medical history of the Turco-Russian war of 1775, with notes on the medico-missionary labours of the Jesuits in the Portuguese colonies, and such like. At Messrs. Sotheby and Wilkinson's the other day these volumes, though fully described in the catalogue, were knocked down at the sum of eighteen pence to a bidder who consigned them immediately to the mill! No medical bidder, we believe, appeared till too late.

W. B., (Falmouth.)—Rymer Jones's work will suffice for the zoological groups mentioned by our correspondent. Dallas's is also a good manual, though in want of revision. Tait and Thomson's work is an eighteen shilling volume.

Medical Practitioner is thanked for the document he encloses.

NEW ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—Allow me the space in your valuable columns to make a correction of a clerical error, which appeared in your annotation of Jan. 25th on the discovery of the new "anæsthetic ethers": the one by Dr. Richardson, F.R.S.; and the other ("light ether") by myself.

In calling attention to the fact that the "temperature of the human body suffices to make it boil violently," it is stated "as may easily be tested by putting a small quantity of it on the *head*"; the latter word should have been *hand*. I have no doubt that most of your readers would detect the slight error, as it is well known to those who have had any experience with these bodies that (owing to the low specific gravity and boiling point) if a little be poured into the hollow of a warm hand, ebullition is produced, leaving a sensation of intense cold.

Now with respect to this new ether, although isomeric with ethylic ether, it is obtained from a totally different source, and numerous experiments prove it to have the same composition—viz., $(C_2H_3)_2O$ or $C_4H_{10}O$. It only differs in its specific gravity and vapour density, having a specific gravity of ·650, and vapour density of 36 (ethyl ether being 37). When I first prepared it, it was of a specific gravity of ·680, as stated in your columns; but lately I have succeeded in getting it as low as ·650. A contemporary remarks: "Persons familiar with THE LANCET will not be very much surprised to note that the ether consisting of 'four atoms carbon, ten of hydrogen, and one of oxygen' is our very old acquaintance, common sulphuric ether" (ethylic ether)—$(C_2H_5)_2O$. This is, I admit, the correct formula of the "very old acquaintance"; but since the fact of the existence of many isomeric bodies is overlooked, the readers of THE LANCET will "not be surprised to note" that the ether referred to in your editorial note is a newly discovered compound, an "isomeric ethyl ether" (to which I propose giving the name of "light ethylic ether"), and is not what your contemporary states "our old acquaintance." By isomeric compounds, I understand chemical compounds having a similar composition—for example, the composition of dextrine is represented by the formula of $C_6H_{10}O_5$, and that of starch is represented by the same formula; but that is not to say that dextrine is our old acquaintance starch, and, *vice versâ*, starch dextrine. I might quote several other instances of isomerism, but I have no doubt others will occur to your learned contemporary.

I remain, Sir, your obedient servant,

GEORGE ARCHBOLD, D.Sc., &c.

The Laboratory, Coleman-street, E.C., Feb. 5th, 1873.

THE LATE EMPEROR NAPOLEON III.

THE *Morning Post* of the 31st ult. contains the following neat epigram on the death of the Emperor Napoleon:—

Quem mala sica domi, quem plumbeus imber in armis
Præterit illæsum, calculus, en! perimit.

Which we may thus render:

Neither battle's fiery breath,
Nor the steel of plotting rebel,
Wrought the Gallic Cæsar's death;
But, alas! a little pebble.

Olecranon will judge better than we can of the value of his services in the cases specified. So much depends on details which we cannot know. The direct request of the Company's representatives makes them liable, otherwise the claim should be addressed to the patient.

A. M. (Durham) should put the matter into his solicitor's hands.

PROPYLAMINE.

To the Editor of THE LANCET.

SIR,—As propylamine is now being trotted out as a *new* remedy for rheumatism, will you allow me to state the following facts.

In the year 1865, while on the passage from British Columbia to San Francisco, I suffered very much from rheumatism in the left shoulder-joint. On mentioning the fact to the chief mate of the vessel (a Swede), he advised me to get on my arrival at San Francisco some propylamine, and to take a couple of grains three times a day, saying that in his country it was considered a certain cure. I had never heard of its being used, but determined to give it a trial. On arrival I went to a chemist's shop, but was told there was no such medicine, and several times after I got the same answer at other establishments. On arriving in Europe a couple of years after, I mentioned it to one or two medical men, who said they had never heard of it being used medicinally. Yours, &c.,

January, 1873. VIATOR (NON-VACCUS).

AN OBSTETRICAL JOURNAL.

A MONTHLY journal devoted to obstetrical subjects and the diseases of women and children is announced by Messrs. Churchill, and will make its appearance in April. Dr. Aveling and Dr. Wiltshire are announced as the editors, and we trust that they will be enabled so to conduct their enterprise that their readers may enjoy the "twofold end" put forth in the somewhat flowery prospectus—"the satisfaction of their scientific longings, and the material furtherance of their best interests."

J. W. H.—Cæsar and Pompey very much alike, specially Pompey.

"PHYSICIANS AND GENERAL PRACTITIONERS."

To the Editor of THE LANCET.

SIR,—I was much surprised at "Physician's" explanation contained in to-day's LANCET. The account I gave you was, as far as I was concerned, a correct one in every particular, and very far from "a trumped-up charge." This accusation I felt left me no alternative but to call on the patient in question, which I did this afternoon, and gave him for perusal your remarks in last week's LANCET, as well as "Physician's" reply in to-day's, and he again repeated he did tell "Physician" I had seen him the same morning he first consulted him, and mentioned my name, but not my address; "but," he added, "'Physician' was examining with great care my urine, and intent with listening to my account of my symptoms, and evidently taking, as he says in his reply to you, great interest in my case. I did not state I derived no benefit from your treatment. On my second visit I did not mention you by name at all; but indirectly 'Physician' complimented you by saying I was fortunate in recovering so quickly from the 'fissure'; for had I been under the care of some surgeons who would have interfered operatively, it might have been very different, and up to the other day I had applied nothing locally but the suppositories and ointment you prescribed."

I would here mention I can hardly be said to have overlooked the fissure, as, although the patient complained of irritation about the bowel from, as he thought, the result of piles, he had never had such pain as to have indicated an examination of bowel or anus, and had even never complained to me of severe pain there until after his visit to "Physician"; in fact, it came on suddenly while on his journey to town that morning. I attempted to examine the anus a few days afterwards; but he dreaded the pain of examination, and attempting to do so brought on spasm of the sphincter ani. I, therefore, accepted "Physician's" diagnosis, and treated him with appropriate remedies for so painful a disorder. Of course, had I known "Physician" did *not* understand I was attending I could not have felt *aggrieved*, and should have had no occasion to have written to you.

I am, Sir, your obedient servant,

February 1st, 1873. A GENERAL PRACTITIONER.

Viator.—1. No.—2. We think that for medicines supplied in surgical cases he could charge legally; but some magistrates think otherwise.—3. He is not eligible for Poor-law appointments, and it is doubtful whether he has the qualifications for a medical officer of health.

THE communication of *Mr. Hugh R. Ker* has been received with thanks.

METHYLENE ETHER.

To the Editor of THE LANCET.

SIR,—As you have mentioned Dr. Richardson's new anæsthetic in to-day's LANCET, perhaps you will allow me to say that, after thirty-three trials of it, I have many reasons for believing it to be the best anæsthetic I have yet used. For such operative practice as I am engaged in, chloroform is a perpetual source of anxiety, from the almost invariable sickness following its use; and ether, which is almost free from that objection, I have found reason to dislike from the large quantity required, from its occasional uncertainty, but chiefly from the objectionable and persistent smell it leaves in the room. The methylene ether is free from these drawbacks. It is very pleasant to take, requires a quantity less than is needed of chloroform, is rapid in its action, does not produce excitement as chloroform almost always and ether frequently does, and the recovery from the anæsthesia is remarkably rapid. In only two cases has it produced any sickness, the second having occurred this morning in a case of exploratory abdominal section, and then I think it was due to its administration by a faulty apparatus. In the other case the sickness was due to the administration of the anæsthetic immediately after a meal.

I would strongly advise anyone engaged in gynæcological practice to try this new substance, giving it in the old way through a single fold of a towel, as being better than any special inhaler. I am, &c.,

Birmingham, Jan. 26th, 1873. LAWSON TAIT.

Mr. A. Taylor.—The proposal of our correspondent seems to us very objectionable: an annual tax on the profession for the purpose of increasing the revenue of the General Medical Council, which is already too great for the work it does.

W. H. B.—Our remarks on the Great Coram-street murder will be found in our number for January 11th.

AN OBSTETRIC CASE IN THE POULTRY-YARD.

To the Editor of THE LANCET.

SIR,—I do not know whether midwifery cases in hens have ever occupied a space in your columns; but if you have room for it I shall be much obliged if you will record the following unusual case of twins.

A fortnight ago I was in the hen-yard, and saw a hen in the throes of labour, bearing-down pains very strong, and the large end of the egg presenting. After some waiting, finding no progress was made, and ergot being inadmissible, I took the hen to an empty room, and performed the operation of turning, so as to bring the small end to present. I then left her to await the action of mother nature. In ten minutes I returned, and to my astonishment I found two entire and separate eggs, which I have sent for your inspection, and which you will see are of a fair average size. I have not heard of twin eggs being laid before, except in the case of a double-yelked egg; but since then I have had another egg (which I also have enclosed), which seems to be a combination of two. I do not know, however, who the mamma was; but should think it not improbable that they are all the produce of the same individual.

I should be glad to know whether any of your subscribers have met with such a case in their obstetric practice among the feathered bipeds.

I am, Sir, yours truly,

Mortlake, Jan. 27th, 1873. ALEX. CRICHTON, L.R.C.P., &c.

TREATMENT OF TALIPES VARUS.

Mr. Heather Bigg writes to us to say that the treatment of talipes varus described by Mr. Clowes in our issue for Feb. 1st does not contain anything new, he himself having adopted the plan for some considerable time.

G. F. (Stock Exchange) will find the information he asks for in a leading article on Lithotrity and Lithotomy in THE LANCET of Jan. 25th, 1873.

ON THE USE OF BELLADONNA IN INTESTINAL OBSTRUCTION.

To the Editor of THE LANCET.

SIR,—I have read with much interest the case of Intestinal Obstruction as reported by Mr. Macrae in THE LANCET of the 25th ult. As confirmatory of the great value of this remedy, will you allow me to say how very successful I have found belladonna in cases of obstruction of the bowels when used in the form of a suppository.

Two years ago a case of obstruction of the bowels came under my care. Every remedy that I could devise to relieve the patient failed. After twelve days of great anxiety, and when my patient was wellnigh exhausted, it occurred to me that the obstruction might be caused by violent contraction of the circular muscular fibres of the bowel. With this view I ordered a suppository of two grains of the extract of belladonna to be passed up the rectum, when in less than two hours a most copious discharge of hard scybala followed, with cessation of all the distressing symptoms consequent on the obstruction.

Since that time I have had three similar cases under my care, all of which have yielded to the introduction of belladonna by the rectum.

I am, Sir, yours truly,

Barnsley, February, 1873. JOSEPH MORRIS, M.D.

Senex.—The required information will be found in a pamphlet, "The Medical and Legal Aspects of Sanitary Reform," by Dr. Steward and Mr. Edward Jenkins, published by Hardwicke and Co. Salaries in London range from £50 to £600; in the country, £12 12s. to £1000.

Mr. C. J. Jeaffreson's letter shall be kept in mind.

MONITRIX NIVIS.

To the Editor of THE LANCET.

SIR,—A curious case came under my observation last Sunday which I should like to bring under the notice of your readers, in hopes of eliciting an explanation from some one of them.

I was in church, the service had scarcely commenced, when I observed that a young lady who sat by my side had fainted. She was removed to the vestry-room, and after a few minutes she became all right. I examined the action of her heart, without finding anything to account for the fainting fit. On inquiry, she told me that she was subject to a like attack each winter on the appearance of snow, but at no other time. She went on to say that each attack was preceded by a most disagreeable earthy smell, from which she knew that snow was coming or falling; but, singular to say, she never had more than one attack in the season.

Now, what is this smell which she designates as earthy and disagreeable, and how is the heart's action so interfered with as to cause the fit?

Yours obediently,

London, January 4th, 1873. SENEX.

A Subscriber of Four Years.—There is no institution of the kind; but advertisements are occasionally seen in the newspapers which would probably meet our correspondent's views.

Mr. W. Baird.—He cannot.

H. X.—No. It is not a surgical qualification.—2. The double qualification in medicine and surgery is required.

Dr. Peacock is thanked for his courtesy.

SANITARY STATE OF FLEETWOOD.

To the Editor of THE LANCET.

SIR,—Fleetwood has the reputation of being a very healthy town. The troops stationed there have certainly enjoyed remarkably good health, due, no doubt, to the excellent sanitary arrangements which obtain in barracks. During the summer months scarlet fever prevailed, and still lingers persistently, among the civil population. It is well known that in this as in other diseases a good sanitary condition tends to lessen the intensity and probably the spread. The drainage of the town is defective; privies and cesspools abound, and the back premises of many of the houses in the smaller streets are in a very bad sanitary condition. Large collections of stagnant water are allowed to remain in some of the streets, which become receptacles of filth of all descriptions. It is to be regretted that sanitation is so much neglected in a town which, from its position, should be as healthy as any town of its size in the kingdom.

Your obedient servant,

January 22nd, 1873. E. B. F.

Mr. Braine's letter and *Dr. Pattinson's* report on the case of Death under Nitrous Oxide Gas have been received too late for insertion this week. They shall appear in our next issue.

M.R.C.S.—He could not legally give a certificate.

THE STOMACH-PUMP AS AN ASPIRATOR.

To the Editor of THE LANCET.

SIR,—Wishing to draw off the fluid in a case of pleuritic effusion, Messrs. Louis Blaise and Co., of St. James's-street, at my suggestion, adapted a perforated needle and elastic tube to my ordinary double action stomach-pump. Thus at the cost of a few shillings I am in possession of a perfectly efficient aspirator, whilst my stomach-pump is in nowise injured. Since then Messrs. Blaise and Co. inform me that they have made the same adaptation for several other medical men, and that it has in all cases been perfectly efficient. I dare say that the same idea has occurred to many others; but I think by making it more widely known in your columns you will be conferring a favour on many who, though desirous of having so useful an instrument as the aspirator undoubtedly is, cannot afford to give three or four guineas for one. Your obedient servant,

Fulham-road, Feb. 1st, 1873. ALFRED GODRICH.

P.S.—I have just seen Mr. Morrill's letter, which I will not answer till next week, as I then intend forwarding one of my instruments for your inspection.

Enquirer.—It would be a gross breach of professional confidence, and a gross violation of professional duty, for a physician to furnish the "employer" with the information required, unless with the permission of the patient. But we cannot conceive why a physician should be expected to supply the information, in any case, without receiving a fee. If worth having, it must have been worth paying for; and the time of a physician is usually considered to be valuable.

A Student, (Edinburgh.)—The first work is published by Smith, Elder, and Co.; the other by Messrs. Blackwood and Sons.

THE "MEDICAL LIST."

To the Editor of THE LANCET.

SIR,—I am directed to state, in reply to your correspondent, "T. I. P.," that, owing to the long and serious illness of the editor, it has been found impracticable to produce this work in *January*, the month announced for its publication, so that it will not be issued for 1873, and any subscriptions which may have been forwarded in advance will, of course, be returned. A letter to this effect was sent to a gentleman bearing the same initials as your correspondent, and has come back through the dead letter office. A second communication directed to his original London address has not yet elicited any reply.

I am yours, &c.,

February, 1873. G. RICHARDS.

Studiosus.—Prof. Huxley's Elementary Lessons in Physiology is exactly the book our correspondent requires, and will form an admirable basis for acquiring a knowledge of any of the larger works.

T. M. has omitted to enclose his card.

Mr. F. M. Clarke.—Oliver's Lessons in Elementary Botany; Lindley's School Botany or Bentley's Manual; Roscoe's Lessons in Elementary Chemistry; Alleyne Nicholson's Text-book of Zoology.

L.R.C.P. — Drs. Parkes, Wilson, Angus Smith, and Guy's books; also Wanklyn and Chapman on Water Analysis.

HORACE WELLS TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The Committee of the Horace Wells Testimonial Fund (Chairman, J. E. Erichsen, Esq.) would feel much obliged if you would kindly notice the fact that they have fixed upon March 25th, 1873, as the last day for receiving subscriptions to this Fund, which should be sent to the Treasurers, J. T. Clover, Esq., 3, Cavendish-place, and F. Woodhouse Braine, Esq., 56, Maddox-street, Hanover-square.—Yours faithfully,

CHARLES JAMES FOX, Hon. Sec.

Mortimer-street, Cavendish-square, Feb., 1873.

Mr. Henry H. B., (Clayton-le-Moors.)—After having carefully perused our correspondent's lengthy epistle, we feel bound to state that we think he must be labouring under some delusions in respect of the various maladies which he describes.

ERRATUM.—In our issue for Feb. 1st, page 184, for "Regius Professor of Medicine at Cambridge University," read "Regius Professor of Medicine at Oxford."

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Dr. Forbes Winslow; Dr. Struthers; Dr. Little; Dr. Hassall, Ventnor; Mr. Jabez Hogg; Mr. Gascoyen; Mr. Spencer Watson; Dr. Richardson; Dr. Tilt; Mr. Heather Bigg; Mr. Savill; Mr. Jefferiss; Dr. Spender, Bath; Mr. Warren; Dr. Taylor, Corfe; Dr. France, Cupar; Mr. Martin; Dr. Lowe, Wadsley; Mr. Griffith, Bristol; Mr. R. Trench; Dr. Taaffe, Brighton; Mr. Fenn; Mr. Harvey; Dr. Atlee, Philadelphia; Mr. Still; Mr. Jeaffreson, Newcastle-on-Tyne; Dr. Gill, Dover; Dr. Curran, Queenstown; Mr. Godrich, Fulham; Mr. Neville; Dr. England, Whitehaven; Mr. Birtwell, Clayton-le-Moors; Mr. R. Rawlinson; Mr. Peters; Mr. C. Nutt; Mr. Baird, Portsmouth; Mr. F. M. Clarke; Mr. Hosking; Dr. Thompson, Beverley; Mr. Lawton, Cheadle; Mr. Fowell; Mr. Ker; Mr. Gray; Mr. Loomes, Reading; Mr. Simpson; Mr. Elliott; Mr. Walsh, Leicester; Mr. Fleming, Leeds; Mr. O'Gorman; Mr. Banfield, Welford; Mr. Poole; Mr. Soloman, Skirlaugh; Dr. Pollock, Acton; Mr. Richards; Dr. Morrells, Naples; Mr. C. J. Fox; Dr. Madge; Dr. Ker, Brierly Hill; Mr. Spencer; Mr. Ingarfield; Mr. Baxter; Dr. Burges, Birmingham; Dr. Murray, Newcastle; Dr. Moore; Mr. W. Stokes; Mr. T. Stephens, North Shields; Dr. Bonville; Mr. Jennings; Dr. Archbold; Mr. Drayton; Mr. Wilkins, Buxton; Mr. Pratt, Cardiff; Mr. Atkins; Dr. Milne, Edinburgh; Mr. A. Jowett, Bromley; Mr. Kelsey; Mr. R. Harrison, Liverpool; Dr. Seaton, Chester; Dr. Batchelor, Colchester; Dr. Taylor, Cotteshall; Mr. W. Best, York; Dr. Woodward, Worcester; Dr. Tannahill, Glasgow; Dr. Dixie; Mr. White; Mr. B. Woolard, Manchester; Mr. Muriel, Whitehaven; Mr. Bourne; Mr. Meadows, Leicester; Mr. Smith, Eastbourne; Mr. Evanson, Coleford; Mr. Hind, Spalding; Mr. Melton, Carnarvon; Dr. E. Roberts; Mr. Parnell, Worcester; Mr. Beck, Ware; Mr. R. Julke, Westerham; Mr. Henry, Reading; Mr. Danford, Kettering; Mr. Phillips, Colchester; Mr. Wilford, Douglas; Mr. Mather, Cranford; Mr. H. Palk, Southampton; Mr. Wilkinson, Rhyl; Mr. Carr; Mr. Waller, Chippenham; Mr. Bernard, Hamburg; Mr. Wharton, Caterham; Mr. Clarke, Nottingham; Mr. Marsh, Sleaford; Mr. Wood, Burnley; Dr. G. W. Hutchinson; Mr. Sedgeley, Newtown; Mr. Dunne, Hartlepool; Mr. Parton; Mr. Mackay; Mr. Gaskoin; Laughing Gas; J. A. H.; A General Practitioner; H. X.; W. H. B.; Viator; The Hon. Sec. of the Edinburgh University Club; Medical Practitioner; Zeta; M.R.C.S.E.; Enquirer; Eczema; &c. &c.

Monthly Microscopical Journal, Indian Medical Gazette, Preston Chronicle, La France Médicale, Sunderland Times, Broad Churchman, Liverpool Daily Courier, Middlesex County Times, Todmorden Advertiser, Philadelphia Medical Times, Craven Pioneer, Newcastle Daily Journal, Mid-Weekly Hampshire Independent, Bedfordshire Mercury, and *Food Water, and Air* have been received.

Medical Diary of the Week.

Monday, Feb. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Erasmus Wilson, "On Dermatology."
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Bryant, "On a Case of Tumour of the Lower Jaw," and a "Case of Tumour of Frontal Sinus and Orbit."—Mr. Henry Smith: "The results of 300 Cases of Hæmorrhoids and Prolapsus treated by the Clamp and Cautery."

Tuesday, Feb. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8½ P.M. Mr. Gant, "On a Case of Excision of the Knee-joint for Disease in a Woman, aged fifty-three." — Mr. Callender: "Removal of a Needle from the Heart."—Mr. Lawson Tait, "On a Case of Gastrotomy for Extra-uterine Pregnancy."

Wednesday, Feb. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Erasmus Wilson, "On Dermatology."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Wm. Squire, "On the Periods of Infection in Epidemic Disease."

Thursday, Feb. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Feb. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Hunterian Oration, by Mr. Henry Hancock.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. The President's Address. — Mr. Arnott will exhibit a Patient on whom a Soft Cancer in the Parotid Region has been treated by Caustics; no return of the Disease after four years.—Mr. Thornton will relate "Two Cases of Thyrotomy for the Removal of Growths from the Larynx." — Dr. Morell Mackenzie, "On the results of Thyrotomy for the Removal of Growths from the Larynx."

Saturday, Feb. 15.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TERMS OF SUBSCRIPTION TO THE LANCET.

POST FREE TO ANY PART OF THE UNITED KINGDOM.

One Year	£1	12	6	Six Months	£0	16	6

TO THE COLONIES.				TO INDIA.			
One Year	£1	14	6	One Year	£1	19	0

Post-office Orders in payment should be addressed to JOHN CROFT, THE LANCET Office, 423, Strand, London, and made payable to him at the Post-office, Charing-cross.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£3	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.